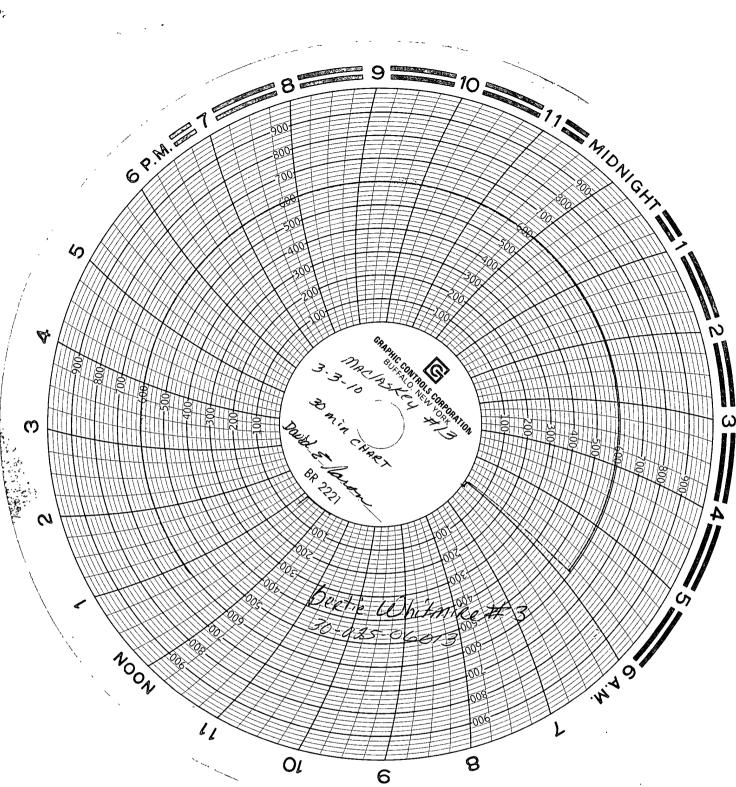
Submit 3 Copies To Appropriate District	State of New Mo			Form C-103
Office District I	Energy, Minerals and Natu		CW TO THE TOTAL TO	May 27, 2004
1625 N. French Dr., Hobbs, NM 87240			WELL API NO. 30-025-060	113 /
			5. Indicate Type of Le	ase
District III 1000 Rio Brazos Rd, Aztec, NM 87410 District IV Santa Fe, NM 87505 District IV			STATE	FEE X
District IV 1220 S. St. Francis Dr., Santa Fe, N. 1250		1303	6. State Oil & Gas Lea	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			7. Lease Name or Uni Bertie Whitmire	Agreement Name:
PROPOSALS.) 1. Type of Well:			8. Well Number	/
Oil Well X Gas Well 2. Name of Operator /	Other		9. OGRID Number	
OXY USA Inc.			16696	
3. Address of Operator			10. Pool name or Wild	
P.O. Box 50250 Midland, TX	79710-0250		<u>Eunice Monument GB</u>	ISA
4. Well Location				
Unit Letter F: 1	.980 feet from the nor	th line and	1980 feet from the	ne west line
Section 8	Township 20S			County Lea 🗸
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3549' GR				
Pit or Below-grade Tank Application or Closure				
Pit type Depth to Groundwater _	Distance from nearest fres	h water well Dis	tance from nearest surface v	vater
Pit Liner Thickness: mil	Below-Grade Tank: Volume.	bbls; Construction	on Material	
NOTICE OF INTE	opropriate Box to Indicate NTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE		SEQUENT REPORE A NG OPNS. F	
FULL OR ALTER CASING	COMPLETION	CEMENT JOB		
OTHER:		OTHER: Run CIT		X
 Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
OXY USA Inc requests to extend the temporarily abandon status for this well. It is currently being evaluated for possible future recompletion in the Yates-7r-Qn formation.				
 Notified NMOCD of casing integrity test 24hrs in advance. RU pump truck, circulate well with treated water, pressure test casing to 600# for 30 min. 				
I hereby certify that the information abordance tank has been/will be constructed or clo				
SIGNATURE				ATE 3(5(2)
Type or print name David Stewart	E-r	nail address:	david_stewart@oxy.c Telephon	om ne No. 432-685-5717
For State Use Only	$\supset I / I$	C		~
APPROVED BY Conditions of Approval, if any	TIT	TLE STAFF	DATE DATE	TE 3-8-10



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