

Submit 3 Copies To Appropriate District Office  
 District I  
 1625 N French Dr, Hobbs, NM 88240  
 District II  
 1301 W Grand Ave, Artesia, NM 88210  
 District III  
 1000 Rio Brazos Rd, Aztec, NM 87410  
 District IV  
 1220 S St Francis Dr, Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 June 19, 2008

**RECEIVED**  
 OIL CONSERVATION DIVISION  
 20 South St. Francis Dr.  
 Santa Fe, NM 87505

OCT 13 2010

**HOBBS**

WELL API NO. 3004110210
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 061395
7. Lease Name or Unit Agreement Name Todd Lower SA Unit
8. Well Number 351
9. OGRID Number 16696
10. Pool name or Wildcat Todd Lower San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4178'

**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 PROPOSALS)

1. Type of Well: Oil Well  Gas Well  Other: Injection

2. Name of Operator  
Oxy USA Inc.

3. Address of Operator  
1502 W. Commerce, Carlsbad, NM 88220

4. Well Location  
 Unit Letter A: 990 feet from the North line and 990 feet from the East line  
 Section 35 Township 7S Range 35E NMPM County Roosevelt

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input checked="" type="checkbox"/> Reclaim Location	OTHER: <input checked="" type="checkbox"/> Reclaim Location		

13. 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.

All Hard Pan was removed on all locations and roads. These areas were then tested for TPH, BTEX, and Chlorides. Once verified that all levels were below acceptable limits, these areas were reclaimed by burying any soil not native for topsoil, ripped, and re-seeded with seeding native to this area. Flat plate was installed for the dry-hole marker.

**Accepted for Record Only**

Spud Date:  Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE HES Specialist DATE 7-28-10

Type or print name Kelton Beard E-mail address: \_\_\_\_\_ PHONE: 575-628-4121

**For State Use Only**

APPROVED BY: [Signature] TITLE STAFF MGR DATE 10-18-10