

**RECEIVED**

OIL CONSERVATION DIVISION

OCT 15 2010

**HOBBSOCD**

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 3002521046 /

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

S 91017

7. Lease Name or Unit Agreement Name

New Mexico E State

8. Well Number 3

9. OGRID Number

16696

10. Pool name or Wildcat

Mescalero San Andres

## 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 ☐

2. Name of Operator

Oxy USA Inc.

3. Address of Operator

1502 W. Commerce, Carlsbad, NM 88220

4. Well Location

Unit Letter C 660 feet from the \_N\_ line and \_1650 feet from the \_W\_ line

Section 26

Township 10S

Range 32E

NMPM

County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4312'

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐

OTHER: Reclaim

☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐

OTHER: Reclaim

☒

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 impacted material was removed. The area was ripped.

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

TITLE HES Specialist

DATE 10-11-10

Type or print name Kelton Beaird

E-mail address:

PHONE: 575-628-4121

For State Use Only

APPROVED BY:

TITLE

DATE 10-19-10

Conditions of Approval (if any).