

Submit 1 Copy 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
 October 13, 2009

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DBEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-39118
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA WTP LP		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX, 79710		7. Lease Name or Unit Agreement Name Smokey Bits State Com.
4. Well Location Unit Letter L : 1750 feet from the South line, and 330 feet from the West line Section 36 Township 18S Range 30E NMPM County Eddy		8. Well Number 34
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3521 GR		9. OGRID Number 192463
10. Pool name or Wildcat Benson Bone Springs		

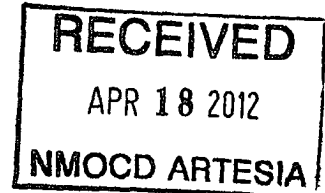
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: 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"/>		SUBSEQUENT REPORT OF: 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 type="checkbox"/>		OTHER: Casing Tests <input checked="" type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

12/20/11 – Test 13-3/8" 48# H-40 casing to 1250psi for 30 min, tested good

12/29/11 – Test 9-5/8" 40# L-80 casing to 3500psi for 30 min, tested good



Spud Date: **12/16/11**

Rig Release Date: **1/22/11**

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

SIGNATURE *David Stewart* TITLE Regulatory Advisor DATE 4/17/12

Type or print name David Stewart E-mail address: david_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: *David Dade* TITLE Dist. P. Supervisor DATE 04/19/2012

Conditions of Approval (if any):