Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION		30-015-40671
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE □
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	razos Rd., Aztec, NM 87410		STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		BO-1969	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			CHRIS ROBIN 20 FEDERAL (ARTESIA YESO FEDERAL UNIT #7)
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number #5
2. Name of Operator			9. OGRID Number
OXY USA WTP LP 3. Address of Operator			192463 10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX 77210			ARTESIA; GLORIETA-YESO (O) - 96830
4. Well Location			
Unit LetterA:_380_feet from theN line and _440 feet from theE line			
Section 20	Township 17S Rang		NMPM County EDDY
	11. Elevation (Show whether DR 360		
			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			_
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS MULTIPLE COMPL	COMMENCE DR	ILLING OPNS. P AND A
DOWNHOLE COMMINGLE	MOETH LE COMI E	O/IOIIVG/OEIVIEIV	
OTHED:	m	OTUED: CA	C COMMECT DATE
OTHER: 13. Describe proposed or comp	leted operations. (Clearly state all		S CONNECT DATE ad 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.			
CHRIS ROBIN 20 FEDERAL #5 (AYFU#7) – FIRST GAS SALES DATE: 05/02/2013			
			RECEIVED
			JUL 19 2013
1			NMOCD ARTESIA
Therefore a final decision of the state of t			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE_REGULATORY SPECIALIST DATE _07/18/2013			
Type or print name _JENNIFER DU	JARTE E-mail address:	_jennifer_duarte@c	oxy.com PHONE: _713-513-6640
For State Use Only			
APPROVED BY:	WY TITLE W/S	- H) Den	MSO DATE July 19 2013
Conditions of Approval (if any):		7	