Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised August 1, 2011	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	<u> </u>
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	DIVISION	30-015-40531 5. Indicate Type o	f Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr. Santa Fe, NM 87505		STATE	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. BO-1969	
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 Unit Agreement Name Roo 22 State	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other		8. Well Number #9	
2. Name of Operator			9. OGRID Number	
OXY USA INC 3. Address of Operator			16696 10. Pool name or Wildcat	
	O BOX 4294; HOUSTON, TX 77210		ARTESIA ; GLORIETA-YESO (O) - 96830	
4. Well Location		'		
Unit LetterM	_:_330'feet from theS			heWline
Section 22	Township 17S Range	28E	NMPM	County EDDY
	11. Elevation (Show whether DR, 3611			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF I PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	CHANGE PLANS MULTIPLE COMPL	SUBS REMEDIAL WORK COMMENCE DRII CASING/CEMENT	LLING OPNS.□	PORT OF: ALTERING CASING PAND A
OTHER:		OTHER: First	Gas Sales	
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.				
First Gas Sales: 08/17/2013				
Meter number 727917-00				
,			1	OCT 17 2013 OCD ARTES A
Spud Date:	Rig Release Dat	ee:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE MY	Duant TITLE_REGUI	LATORY SPECIA	LIST DATI	E _10-16-2013
Type or print name _JENNIFER DUARTE E-mail address: _jennifer_duarte@oxy.com PHONE: _713-513-6640				
APPROVED BY:	acle TITLE D	s-RSepen	Jan_DATE_	10/0/2013
Conditions of Approval (if any):				