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	30-015-4040534
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	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Roo 22 State
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well  Other	8. Well Number #12
2. Name of Operator		9. OGRID Number
OXY USA INC  3. Address of Operator		16696 10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX 7	7210	ARTESIA ; GLORIETA-YESO (O) - 96830
4. Well Location		
	_:_2032feet from theN line and _2087_	
Section 22	Township 17S Range 28E 11. Elevation (Show whether DR, RKB, RT, GR, et	NMPM County EDDY
	3587' GR	(c.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON  REMEDIAL WC	<del></del>
TEMPORARILY ABANDON  PULL OR ALTER CASING	= !	RILLING OPNS.□ PAND A □ INT JOB □
DOWNHOLE COMMINGLE	one mazimize ocume	
OTHER:	□ OTHER: F	irst Gas Sales ⊠
13. Describe proposed or comp	pleted operations. (Clearly state all pertinent details, a	and give pertinent dates, including estimated date
of starting any proposed w proposed completion or rec	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Completion	Completions: Attach wellbore diagram of
proposed completion of rec	ompiction.	·
First Gas Sales: 08/15/2013		
Meter number 727917-00		
		RECEIVED
		INECEIVED
		OCT <b>1 7</b> 2013
		NMOCD ARTESIA
		MINIOOD ATTECHA
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Spud Date:	Rig Release Date:	
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I be a beginning to the control of t		
I nereby certify that the information	above is true and complete to the best of my knowled	age and belief.
SIGNATURE AMONIAN	1)0,000	
SIGNATURE THE VILLE	TITLE_REGULATORY SPEC	IALIST DATE _10-16-2013
Type or print name _JENNIFER DU	JARTE E-mail address: _jennifer_duarte@	oxy.com PHONE: _713-513-6640
For State Use Only	1 75.	, ,
APPROVED BY: NO	ere TITLES 157 H Supen	JUR DATE 10/11/2013
Conditions of Approval (if any):	•	/ /