Office Office	State of New Mexico	Form C-103							
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013							
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.							
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-39370							
District III. – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease							
1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE							
<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		X0-0636							
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name							
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	ROO 22 State							
DIFFERENT RESERVOIR. USE "APPL"	ICATION FOR PERMIT" (FORM C-101) FOR SUCH								
PROPOSALS.)		8. Well Number: #1							
1. Type of Well: Oil Well	Gas Well Other								
2. Name of Operator		9. OGRID Number: 16696							
	OXY USA INC								
3. Address of Operator		10. Pool Name:							
1502 W. Co	ommerce, Carlsbad, NM 88220	Artesia; Glorieta-Yeso (O)							
4. Well Location									
Unit Letter M:	1289' feet from the South line and 69	93' feet from the WEST line							
Section 22		NMPM County EDDY							
Section 22									
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	2.)							
	3592.8' GR	A CONTRACTOR OF THE CONTRACTOR							
12. Check	Appropriate Box to Indicate Nature of Notice	Report or Other Data							
		;							
		BSEQUENT REPORT OF:							
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🔲 REMEDIAL WO	RK							
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DE	RILLING OPNS. P'AND A							
PULL OR ALTER CASING] MULTIPLE COMPL 🔲 CASING/CEMEI	NT JOB							
DOWNHOLE COMMINGLE									
CLOSED-LOOP SYSTEM									
OTHER:		nsize Location							
	pleted operations. (Clearly state all pertinent details, a								
	vork). SEE RULE 19.15.7.14 NMAC. For Multiple Co								
proposed completion or re		onipionolis. Tittaon wonoord diagram or							
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The location was downsized per att	ached site map.								
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I hereby certify that the information	Rig Release Date:	lge and belief.							
I hereby certify that the information		lge and belief.							
	n above is true and complete to the best of my knowled								
I hereby certify that the information		lge and belief. DATE <u>1/13/2015</u>							
SIGNATURE	TITLE HES Specialist	DATE <u>1/13/2015</u>							
	TITLE HES Specialist								
SIGNATURE Type or print name CHRIS IC	TITLE HES Specialist	DATE <u>1/13/2015</u>							
SIGNATURE	TITLE HES Specialist	DATE <u>1/13/2015</u>							
SIGNATURE Type or print name CHRIS JO For State Use Only	TITLE HES Specialist DNES E-mail address: Christopher_Jone	DATE <u>1/13/2015</u> es@oxy.com PHONE: 575-628-4121							
SIGNATURE Type or print name CHRIS IC	TITLE HES Specialist	DATE <u>1/13/2015</u>							



Project Correspondence Sheet

☐ Field ☐ Office ☐ Reimbursement ☐ Proposal
☐ OK ☐ NM ☐ TX ☐ Other

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