Submit 3 Copies To Appropriate District Office <u>District I</u>	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 June 19, 2008 WELL API NO.
1625 N French Dr , Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	3001529684
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u>	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NOTION (DO NOT USE THIS FORM FOR PROPOSE)	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Sundance 1 Federal 8. Well Number 8
1. Type of Well: Oil Well	Gas Well Other	
2. Name of Operator Oxy USA Inc.	DEC - 8 2008	9. OGRID Number
3. Address of Operator P.O. Box 50250 Midland, TX 7971	OCD-ARTESIA	10. Pool name or Wildcat
4. Well Location		
Unit Letterfeet from theline andfeet from theline		
Section 1 Townsh		County: Eddy
	11. Elevation (Show whether DR, RKB, RT, GR, etc.))
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 COMMENCE DRII MULTIPLE COMPL CASING/CEMENT	
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MOLTIPLE COMPL CASING/CEMENT	ТЈОВ 📙
_		
OTHER:	□ OTHER: Vent	t
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.: The vent started 11-13-2008 at 4 pm, it was stopped 11-24-08 at 7am. The amount vented was 956 mcf. This gas contains no H2S.		
ACCEPTED FOR RE	COR.	
DEC 8 - 2008	}	
Gerry Guye, Deputy Fiel NMOCD-District H	A Inspector	
Eunice Plant Shutdown		
Spud Date:	Rig Release Date:	
<u> </u>		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE: HES Specialists DATE: 12-2-08		
	9	
Type or print name: Kelton Beaird For State Use Only	E-mail address: kelton_beaird@oxy.con	PHONE: 575-390-1903
APPROVED BY:	TITLE	DATE
Conditions of Approval (if any):		