Submit 3 Copies To Appropriate District Office	State of New Mexico			Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	June 19, 2008
District II	OIL CONSERVATION DIVISION		30015	3/361
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lea	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Gas Lea	FEE
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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  Lost Tank 35 State	
PROPOSALS.)  1. Type of Well: Oil Well   (	Vell Gas Well Other		8. Well Number #1	
2. Name of Operator Oxy USA Inc.	DEC 8 2008		9. OGRID Number	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	OCD-ARTESIA		10. Pool name or Wildcat Lost Tank Delaware	
4. Well Location				
Unit Letter_P660'_feet from theS line and660feet from theE_line				
Section 35 Township 21S Range 31E NMPM County: Eddy				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3546' GR				
	3310 GR			
12. Check A	ppropriate Box to Indicate Nat	ture of Notice	, Report or Other Data	ı
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK				ERING CASING ☐ ND A ☐
<b>_</b>	——————————————————————————————————————			NDA 📙
DOWNHOLE COMMINGLE			IT JOB ∐	
OTHER:	<del>-</del> 1.	OTHER: Vei ⊠	nt	
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 6,746 mcf. This gas contains no H2S.				
ACCEPTED FOR RECO	£			
DEC 8-2008				
Gerry Guye, Deputy Field Insp NMOCD-District HARTI	ector ESIA Zunier	Plant Shut	Down	
Spud Date:	Rig Release Date	»:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE: HES Specialist DATE: 12-2-08				
Type or print name Kelton Beaird E-mail address: <u>kelton_beaird@oxy.com</u> PHONE: 575-390-1903  For State Use Only				
	TTT		D 4 (D)C	
APPROVED BY: Conditions of Approval (if any):	TITLE		DATE	

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