Submit 3 Sopies To Appropriate District State of New Mexico Form C-103 (Revised March 25, 1999 Energy, Minerals and Natural Resources District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-015- 30722 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE \square 1000 Rio Brazos Rd., Aztec. NM 87410 Santa Fe, NM 87505 District IV State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 7. Lease Name or Unit Agreement Name: 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 OXY IJAM State PROPOSALS.) 1. Type of Well: 24826 Oil Well Gas, Well XXOther 8. Well No. Name of Operator 16696 OXY USA Inc. 9. Pool name or Wildcat Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250 Udsg. Logan Draw Morrow Well Location 660 East 660 South line and feet from the line Unit Letter feet from the Township 17S Range 27E **NMPM EDDY** County Section 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 34591 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS. PLUG AND **CHANGE PLANS ABANDONMENT PULL OR ALTER CASING MULTIPLE** CASING TEST AND COMPLETION **CEMENT JOB** OTHER: OTHER: Move Surface Location 12. 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 recompilation. NEW LOCATION: 660 FSL 660 FEL P Sec 16 T17S R27E OLD LOCATION: 1700 FSL 660 FEL I Sec 16 T17S R27E I hereby certify that the information above is true and complete to the best of my knowledge and belief. DATE 9/1/99 SIGNATURE TITLE **REGULATORY ANALYST** Telephone No. 915-685-5717 Type or print name (This space for State use) Ristrict Supervisor DATE 9-7-99 APPPROVED BY Conditions of approval, if any: