

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

CISF  
Op

Form C-103  
Revised March 25, 1999

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 PROPOSALS.)		WELL API NO. 30-015- 31103
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No. V05056
3. Address of Operator 16696 P.O. BOX 50250 MIDLAND, TX 79710-0250		7. Lease Name or Unit Agreement Name: Oxy Crendelan State 25720
4. Well Location Unit Letter <u>D</u> : <u>660</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>20</u> Township <u>19S</u> Range <u>28E</u> NMPM EDDY County		8. Well No. 1
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat South Millman Morrow

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input checked="" type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

OXY USA Inc. requests to amend the Blowout Preventer Program



BOP PROGRAM: 0'-400' None  
400'-3000' 13-3/8" 3M annular preventer.  
3000'-11000' 11" 5M blind pipe rams with 5M annular preventer and rotating head below 7500'.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE REGULATORY ANALYST DATE 5/19/00

Type or print name DAVID STEWART Telephone No. 915-685-5717

(This space for State use)

APPROVED BY ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR hox TITLE \_\_\_\_\_ DATE MAY 23 2000

Conditions of approval, if any: \_\_\_\_\_