State of New Mexico
Energy, .erals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30- *015-21902*

5. Indicate Type of Lease
STATE ☒   FEE ☐

6. State Oil & Gas Lease No.

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 PROPOSALS.)

7. Lease Name or Unit Agreement Name

State CW
008648

1. Type of Well:
OIL WELL ☐   GAS WELL ☒   OTHER

8. Well No. *1*

2. Name of Operator
OXY USA Inc.   16696

3. Address of Operator
P.O. Box 50250   Midland, TX   79710

9. Pool name or Wildcat   *073280*
Burton Flat Morrow

4. Well Location
Unit Letter *F* : *1980* Feet From The *North* Line and *1980* Feet From The *West* Line

Section *19*   Township *20S*   Range *28E*   NMPM   *Eddy* County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3345'

11.   Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☒

TEMPORARILY ABANDON ☐   CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____ ☐

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.

See Attached

RECEIVED
JAN 00 19
OIL CON. DIV.
DIST. 2

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

SIGNATURE _____   TITLE Regulatory Analyst   DATE *1/8/96*

TYPE OR PRINT NAME   David Stewart

TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

APPROVED BY _____   TITLE _____   DATE

JAN 18 1996

CONDITIONS OF APPROVAL, IF ANY: