Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

RECEIVED
AUG 29 '94
O. C. D.
ARTESIA, OFFICE

WELL API NO. 30-015-20965

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: Paslay A Com

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

2. Name of Operator: OXY USA Inc.

8. Well No. 1

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

9. Pool name or Wildcat: South Carlsbad Morrow

4. Well Location
Unit Letter K : ~~1980~~ 2230 Feet From The South Line and ~~2230~~ 1980 Feet From The West Line

Section 8 Township 22S Range ~~28E~~ 27E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3109' KB, 3089' GR

11. 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 ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐		CASING TEST AND CEMENT JOB ☐	
OTHER: ☒		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.

A wellbore schematic is attached which shows the current configuration of the Paslay A #1.

OXY USA Inc. requests permission to stop submitting an annual packer leakage test.

RECEIVED
AUG 31 1994
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 Robert P. Elliott TITLE Operations Engineer DATE 8/25/94

TYPE OR PRINT NAME Robert P. Elliott TELEPHONE NO. (915) 685-58

(This space for State Use)

APPROVED BY SUPERVISOR, DISTRICT II TITLE DATE NOV 21 19

CONDITIONS OF APPROVAL, IF ANY: