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Submit 3 Copies To Appropriate District	State of N	Iew Mey	rico	۷۱:	Form C-103
Office District Energy, Minerals and Natural Resources					Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 87240					
off South First, Altesia, INIVI 07210	DIL CONSERVA			5. Indicate Typ	60-015- 30895 e of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 Sou Santa Fe,		7 . 4	STATE	
District V 2040 South Pacheco, Santa Fe, NM 87505	Sama re,	INIVI O7	303 4		Gas Lease No. 555-2
SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name:					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGBACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH (ED) PROPOSALS.)					-
1. Type of Well:			™ €e/A	Beretta 9	State
Oil Well Gas Well X 2. Name of Operator	Other	<u> </u>	72 100	8. Well No.	
OXY USA Inc.		ì	6696 211		1 Y
3. Address of Operator P.O. BOX 5025	0 MIDLAND, T	X 79710	-0250		orrow, South
4. Well Location				Undsg. From	ntier Hills Strawn
	80 feet from the $_$		line and		rom the <u>West</u> line
BHL K 16 Section 9	80 Township 239	South Ra	nge 26E	2130 NMPM	West EDDY County
	Elevation (Show wi			°C.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK PLU			REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	NGE PLANS	X		RILLING OPNS.	PLUG AND ABANDONMENT
· · · · · · · · · · · · · · · · · · ·	TIPLE IPLETION		CASING TEST A CEMENT JOB	ND _	
OTHER: Directional		X	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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.					
Due to excessive deviat	ion, we ran a	compa	ss and decide	ed to steer t	the well to control
the deviation.					
the deviderant					
Casing: Liner - 4-1/2" 11.6# N80 LT&C new casing from 9650-12000'. Cement with $375sx$ 15:61:11 POZ/C/CSE with .5% FL-52 + .5% FL-25 + 6#/sx Gilsonite followed by 75sx Cl C with .55% FL-25.					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE / J		_TITLE	REGULATORY	Y ANALYST	DATE 2(25(00
Type or print name DAVID S	STEWART			Telephone No.	915-685-5717
(This space for State use)					_
APPPROVED BY For Record	Chly	_TITLE_			DATE_3-2-06