

Submit 3 Copies To Appropriate District Office
 District I
 1625 N French Dr, Hobbs, NM 88240
 District II
 1301 W Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd, Aztec, NM 87410
 District IV
 1220 S St Francis Dr, Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
RECEIVED
 OIL CONSERVATION DIVISION
 OCT 13 2010
 220 South St. Francis Dr.
 Santa Fe, NM 87505
HOBBSOCD

Form C-103
 June 19, 2008

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)		WELL API NO. 3004120183 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		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.
3. Address of Operator 1502 W. Commerce, Carlsbad, NM 88220		7. Lease Name or Unit Agreement Name Todd Lower San Andres Unit ✓
4. Well Location Unit Letter B 660 feet from the North line and 1980 feet from the East line Section 32 Township 7S Range 36E NMPM County Roosevelt ✓		8. Well Number 322
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4128'		9. OGRID Number 227001 14694 ✓
		10. Pool name or Wildcat Todd Lower SA Assoc ✓

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Reclaim <input checked="" type="checkbox"/>		OTHER: Reclaim <input checked="" type="checkbox"/>	

13. 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 recompletion.

All Hard Pan was removed on all locations and roads. These areas were then tested for TPH, BTEX, and Chlorides. Once verified that all levels were below acceptable limits, these areas were reclaimed by burying any soil not native for topsoil, ripped, and re-seeded with seeding native to this area. A flat plate was installed for the dry-hole marker

Spud Date: Rig Release Date:

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

SIGNATURE *Kelton Beaird* TITLE HES Specialist DATE 9-17-10

Type or print name Kelton Beaird E-mail address: _____ PHONE: 575-628-4121

For State Use Only

APPROVED BY: *[Signature]* TITLE STAFF MGR DATE 10-18-10