Energy, Minerals and Natural Resources Description De	Submit 1 Copy To Appropriate District Office	State of New Me	exico		Form C-103	
Displace Dis	District I	Energy, Minerals and Natural Resources		October 13, 2009		
1301 W. Grawd Ave_Anses. NM 8210 1220 South St. Francis Dr. Santa Fe, NM 87505 1220 South St. Francis Dr. Santa Fe, NM 8	•					
1.220 South St. Francis Dr. STATE FEE	1301 W. Grand Ave., Artesia, NM 88210					
Distance IV Santa Fc, NM 87505 C. State Oil & Gas Lease No. 1.0 - 5889				STATE 🖂	FEE	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUB BACK TO A DIFFERENT RESERVOIL. USE "PRUCKATION FOR PERMIT" (ORM C.10) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other CO2 Supply Well 2. Name of Operator OXY USA Inc. 3. Address of Operator P.O. Box 303, Amistad, New Mexico 88410 4. Well Location Unit Letter _ K _ 1700 feet from theSOUTH _ fine and1700 feet from theWEST _ line Section	District IV	Santa Fe, NM 8	7505			
DONOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEFFEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PREMIT" (FORM CIOI) FOR SUCH PROPOSALS) 1. Type of Well: Oil Well Gas Well Other CO2 Supply Well 2. Name of Operator OXY USA Inc. 3. Address of Operator P.O. Box 303, Amistad, New Mexico 88410 4. Well Location Unit Letter K 1700 feet from the SOUTH fine and 1700 feet from the WEST line Section 16 Township 18 N Range 33 E NMPM County HARDING Cl. 4711 Cl. 4714				LO - 5889		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)						
1. Type of Well: Oil Well Gas Well Other CO2 Supply Well 8. Well Number 162						
8. Well Number 162 2. Name of Operator OXY USA Inc. 3. Address of Operator P.O. Box 303, Amistad. New Mexico 88410 4. Well Location Unit Letter K.: 1700	PROPOSALS.)			UNII 18 33		
OXY USA Inc.	1. Type of Well: Oil Well	Gas Well	<u>Well</u>	8. Well Number 162		
OXY USA Inc.	2 Name of Operator					
P.O. Box 303, Amistad, New Mexico 88410 4. Well Location Unit Letter K						
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Unit Letter K : 1700		:0 88410				
Section 16 Township 18 N Range 33 E NMPM County HARDING 11. Elevation (Show whether DR, RKB, RT, GR, etc.)						
11. Elevation (Show whether DR, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:	Section 16				County HARDING	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPPS P AND A CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P AND A CASING/CEMENT JOB OTHER: OTHER:		· ·	, RKB, RT, GR, etc.,)		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK		GL. 4714				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK	12 Check Appropriate Box to Indicate Nature of Notice Report or Other Data					
PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A DOWNHOLE COMMINGLE TO THER: OTHER:	12. Check Appropriate Box to indicate Nature of Notice, Report of Other Bata					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OTHER: OTHER:						
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER: 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 9/29/2010 MI + RUSU + TAG TOC @678 + SAND LINE + SINKER BAR. MIX + PUMP 25 SX CMT TO 578 + FILL CASING WITH TREATED (FW + CORROSION INHIBITOR, CRW3740) WATER TO SURF. PUMP 10 SX CMT FROM 31 TO SURF. RD + MOSU WELL P&A. CEMENT: HALLIBURTON, PREMIUM PLUS - CLASS C + 2% CALCIUM CHLORIDE@ 14.8 ppg Spud Date: 9/29/2010 Rig Release Date: 9/29/2010 Spud Date: 9/29/2010 DATE_11/11/2010_ Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Engineering Advisor_ DATE_11/11/2010_ Type or print name Alberto Giussani E-mail address: albert_giussani@oxy.com_ PHONE: 806 894-0200 For State Use Only APPROVED BY: All Marthers TITLE DISTRICT SUPERVISOR DATE_11/15/10						
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