Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 October 13, 2009
<u>District I</u> 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
District II	OIL CONSERVATION DIVISION	30-015-39112
1301 W. Grand Ave, Artesia, NM 88210 <u>District III</u>	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM 87505		BO-8096
SUNDRY NOT	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLIC	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Conoco 10 State
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number 2H
2. Name of Operator		9. OGRID Number
OXY USA I 3. Address of Operator	nc.	16696 10. Pool name or Wildcat
-	250 Midland, TX 79710	Tunkey Track Bore Spring
4. Well Location		
		feet from the west line
Section \O	Township 195 Range Z9E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County
	3367' GR	1 2 2 2 3 6 6 3
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN		SSEQUENT REPORT OF:
PERFORM REMĘDIAL WORK	PLUG AND ABANDON REMEDIAL WOF	
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS COMMENCE DR MULTIPLE COMPL CASING/CEMEN	RILLING OPNS.□ PANDA □ □ IT JOB ´ ဩ.
DOWNHOLE COMMINGLE	MOETH LE GOWN L	1 100b
OTHER:	OTUED.	
OTHER: 13. Describe proposed or command the command t	OTHER: pleted operations. (Clearly state all pertinent details, an	nd give pertinent dates, including estimated date
of starting any proposed we	ork). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or rec	completion.	
	,	
	5'M 7762'V 12/6/11. RIH w/ 5-1/2" 17# L80 LTC o	
IFH cmt followed by 1210sx (230	Obbl) Super H cmt all w/ additives, circ 134sx (60bl	bl) cmt to surf. Rel Rig 12/10/11.
		RECEIVED
		DEC 21 2011
		NMOCD ARTESIA
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 SIGNATURE	TITLERegulatory Advisor_	DATE (2/20/1)
Type or print nameDavid Stewar For State Use Only	E-mail address: _david_stewart@	Oxy.com PHONE: _432-685-5717
FOI GLALE USE OTHY	WMM/ Long and	- 12/21/21
APPROVED BY: / ()	TITLE TOUNS S	DATE
Conditions of Approval (if any):	/	/ /