Submit 1 Copy To Appropriate District Office District I – (575) 393-6161	OIL CONSERVATION DIVISION			Form C-103 Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240				WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210				30-015-394955. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505			6. State Oil & Gas Lease No. X0-0636
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				7. Lease Name or Unit Agreement Name Roo 22 State
PROPOSALS.) 1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other				8. Well Number #3
2. Name of Operator OXY USA INC				9. OGRID Number 16696
3. Address of Operator			· · · · · · · · · · · · · · · · · · ·	10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX 7	/7210		· ·	ARTESIA ; GLORIETA-YESO (O) - 96830
4. Well Location Unit Letter L	_:_2160feet from the	S	line and _638	feet from the line
Section 22	Township 178	Range	28E	NMPM County EDDY
	11. Elevation (Show whe	ether DR, 3598')
<u> (1992) (2) B 2000 (1997) (1997) (1997) (1997)</u>	251		UK	
12. 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. P AND A				
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				
	-			
OTHER:			OTHER: GA	S CONNECT DATE
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.				
ROO 22 STATE #3 – FIRST GAS SALES DATE: 08/29/2012				
REOF				
"ECEIVED				
JUL 19 2013				
JUL 19 2013 NMOCD ARTESIA				
SO ARTESIA				
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Saud Data		-1 D-		
Spud Date:		elease Da	.te:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE				
Type or print name _JENNIFER DUARTE E-mail address: _jennifer_duarte@oxy.com PHONE: _713-513-6640				
APPROVED BY: ADDOL TITLE D'S- A Scplurs DATE Auly 19, 2013				
APPROVED BY: (if any):	TITLE	E Ursz	- A Superisi	DATE July 19, 2013