Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-015-40533
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. 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	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			B0-1969
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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Roo 22 State
PROPOSALS.)			8. Well Number #11
Type of Well: Oil Well			9. OGRID Number
OXY USA INC			16696
3. Address of Operator			10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX 77210			ARTESIA ; GLORIETA-YESO (O) - 96830
4. Well Location			
	_:_1907feet from the		
Section 22		Range 28E	NMPM County EDDY
	11. Elevation (Show whethe	r DR, RKB, R1, GR, etc. _. 3 617' GR)
The same of the sa			TORK I ASTRONOMY STORMS . TORK WELL
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			•
NOTICE OF II PERFORM REMEDIAL WORK □	NTENTION TO:		SEQUENT REPORT OF: K
TEMPORARILY ABANDON		COMMENCE DRI	_
PULL OR ALTER CASING			<u> </u>
DOWNHOLE COMMINGLE			
OTHER	_	OTHER. CA	S CONNECT DATE
OTHER: 13. Describe proposed or compared	oleted operations. (Clearly stat		d 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 #11 – FIRST GAS	SALES DATE:02/11/2013		
			The second second
			RECEIVED
			PECEIVED JUL 1 9 2013 NMOCD ARTESIA
			2013
			LNMOCD ARTES
			AND ESTA!
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE_REGULATORY SPECIALIST DATE _07/18/2013			
Type or print name_JENNIFER_DUARTE E-mail address: _jennifer_duarte@oxy.com PHONE: _713-513-6640 For State Use Only			

TITLE DIST B SUPEWISN DATE July 19, 2013

APPROVED BY: Conditions of Approval (if any):