Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Revised August 1, 2011 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			30-015-39370	
811 S. First St., Artesia, NM 88210			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		State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			0636	
	TICES AND REPORTS ON WELLS	7. L	Lease Name or Unit Agree	ment 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			22 State	
PROPOSALS.)			T 11 N 1 11 11 11 11 11 11 11 11 11 11 11	
1. Type of Well: Oil Well	Gas Well Other		Well Number #1	
2. Name of Operator			9. OGRID Number 16696	
OXY USA INC  3. Address of Operator			10. Pool name or Wildcat	
PO BOX 4294; HOUSTON, TX 77210			ARTESIA ; GLORIETA-YESO (O) - 96830	
4. Well Location				
	_:_1289feet from theS line a	and 693	feet from the W	line
Section 22	Township 17S Range 28		IPM County F	
	11. Elevation (Show whether DR, RKB,		(A) \$ 4 A 7 C 5	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3592.8' GR		78 6 73 2 6 7 8	なるとなった。
12. Check	Appropriate Box to Indicate Nature	of Notice, Repo	ort or Other Data	
NOTICE OF I	NITENTION TO:	CLIBCEO	LIENT DEDODT OF	<b>=.</b>
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING				
TEMPORARILY ABANDON	<del>-</del> 1	G OPNS. □ P AND A		
PULL OR ALTER CASING		ING/CEMENT JOB		_
DOWNHOLE COMMINGLE				
OTHER:	□ ОТН		NNECT DATE	M
	pleted operations. (Clearly state all pertine			estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or re				,
Roo 22 State #1 – FIRST GAS SA	LES DATE: 11/08/2012			
RECEIVED	7			
	1			
JUL <b>1 9</b> 2013				
NACCO ADTEC:				
NMOCD ARTESIA				
Lhoroby cartify that the information	a shove is true and complete to the base of	ny knowleder en 1	haliaf	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
than 1\ (\_\)				
SIGNATURE SIGNATURE	TITLE_REGULATO	RY SPECIALIST	DATE _07/18/20	)13
Type or print name_JENNIFER DUARTE E-mail address: _jennifer_duarte@oxy.com PHONE: _713-513-6640  For State Use Only				
**************************************	OCH THE DOT P	Simon	1.1.19	too

APPROVED BY: Conditions of Approval (if any):