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		TYPE T TOTAL	Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-015-39496		
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.			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 #4		
1. Type of Well: Oil Well Gas Well Other					
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 77210			ARTESIA ; GLORIETA-YESO (O) - 96830		
4. Well Location					
Unit LetterK	:_1935feet from theS	_ line and _2280	feet from	theWline	
Section 22	Township 17S Range	e 28E	NMPM	County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
	360	04'	, other same		
10 0				_	
12. Check A	Appropriate Box to Indicate N	lature of Notice,	Report or Other	Data	
NOTICE OF INTENTION TO: SUBSEQUI				PORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR			ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DRII			P AND A	
PULL OR ALTER CASING	— — — — — — — — — — — — — — — — — — —				
DOWNHOLE COMMINGLE					
OTHER:	П	OTHER: GA	S CONNECT DATE		
13. Describe proposed or comp	leted operations. (Clearly state all	pertinent details, an	d give pertinent dat	es, including estimated date	
	ork). SEE RULE 19.15.7.14 NMA	C. For Multiple Co	mpletions: Attach v	wellbore diagram of	
proposed completion or rec	ompletion.				
Roo 22 State #4 – FIRST GAS SAL	ES DATE: 10/08/2012				
DECEMBER 1					
INECEIVED					
RECEIVED JUL 1 9 2013 NMOCD ARTESIA					
1 3 2013					
		L	NMOCD ART	Ee. A	
				- M	
Spud Date:	Rig Release Da	ate:			
		L			
I hereby certify that the information	above is true and complete to the b	est of my knowledg	ge and belief.		
/ \ a	-				
SIGNATURE AM	TITLE REGI	JLATORY SPECIA	ALIST DA	TE _07/18/2013	
	7				
Type or print name _JENNIFER DU	ARTE E-mail address:	_jennifer_duarte@c	oxy.com PHON	IE: _713-513-6640	
For State Use Only	1.	\bigcirc		1 1	
APPROVED BY:	OU TITLE VIS	A) CPCWI	DATE DATE	July 19 2013	
Conditions of Approval (if any):		<u> </u>			