Office State of New Mexico	Form C-103						
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013						
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283	WELL API NO. 30-015-39496						
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease						
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE S FEE						
District IV.— (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.						
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	ROO 22 State						
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	8. Well Number: #4						
1. Type of Well: Oil Well Gas Well Other							
2. Name of Operator	9. OGRID Number: 16696						
OXY USA INC 3. Address of Operator	10. Pool Name:						
1502 W. Commerce, Carlsbad, NM 88220	Artesia ; Glorieta-Yeso (O)						
4. Well Location							
Unit Letter K: 1935' feet from the South line and 2286	e feet from the <u>WEST</u> line						
Section 22 Township 17S Range 28E N	MPM County EDDY						
14. Elevation (Show whether DR, RKB, RT, GR, etc.							
3604' GR							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
NOTICE OF INTENTION TO:	OCCUPAT DEPORT OF						
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PROPERTY.							
	RK						
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN							
DOWNHOLE COMMINGLE							
CLOSED-LOOP SYSTEM							
OTHER: OTHER: Down	size Location						
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	d give pertinent dates, including estimated date						
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	mpletions: Attach wellbore diagram of						
proposed completion or recompletion.							
The location was downsized per attached site map.							
Spud Date: Rig Release Date:							
ing Kelease Date.	,						
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.						
SIGNATURE TITLE HES Specialist DATE 1/13/2015							
Type or print name CHRIS JONES E-mail address: Christopher Jones@oxy.com PHONE: 575-628-4121							
For State Use Only							
APPROVED BY: No Stable TITLE DOST & Separas	DATE 1/15/15						
Conditions of Approval (if any):							



Project Correspondence Sheet

□ Field □ Office □ Reimbursement □ Proposal
□ OK □ NM □ TX □ Other

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