

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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 PROPOSALS.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-39651
2. Name of Operator OXY USA INC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 1502 W. Commerce, Carlsbad, NM 88220		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>N</u> : <u>1218'</u> feet from the <u>South</u> line and <u>1654'</u> feet from the <u>WEST</u> line Section <u>22</u> Township <u>17S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		7. Lease Name or Unit Agreement Name ROO 22 State
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3954' GR		8. Well Number: # <u>2</u>
10. Pool Name: Empire; ; Glorieta-Yeso (O)		9. OGRID Number: <u>16696</u>

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Downsize Location <input checked="" type="checkbox"/>	

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.

The location was downsized per attached site map.

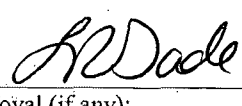
Spud Date: Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge 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:  TITLE **D. J. Spewer** DATE **1/15/2015**

Conditions of Approval (if any):

Project Correspondence Sheet

- Field Office Reimbursement Proposal
 OK NM TX Other

Date: 12-19-14	Time:	Project Manager:
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Project Number: 700608.281.01

Project Name: R00 22 St #2

Topic: Downsize Map

Notes:

