

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-015-39652</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <b>OXY USA INC</b>		6. State Oil & Gas Lease No. <b>BO-1969</b>
3. Address of Operator <b>1502 W. Commerce, Carlsbad, NM 88220</b>		7. Lease Name or Unit Agreement Name <b>ROO 22 State</b>
4. Well Location Unit Letter <b>F</b> : <b>1774'</b> feet from the <b>North</b> line and <b>1466'</b> feet from the <b>WEST</b> line Section <b>22</b> Township <b>17S</b> Range <b>28E</b> NMPM County <b>EDDY</b>		8. Well Number: <b>#6</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3570.5'</b>		9. OGRID Number: <b>16696</b>
		10. Pool Name: <b>Artesia ; Glorieta-Yeso (O)</b>

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: <b>Downsize Location</b> <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.

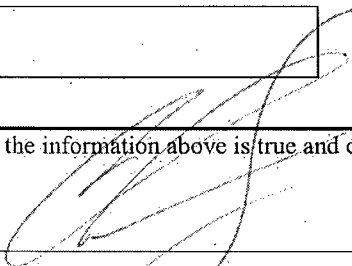
The location was downsized per attached site map.

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 **1/13/15**

Type or print name

**CHRIS JONES**

E-mail address: **Christopher\_Jones@oxy.com**

PHONE: **575-628-4121**

For State Use Only

APPROVED BY:



TITLE



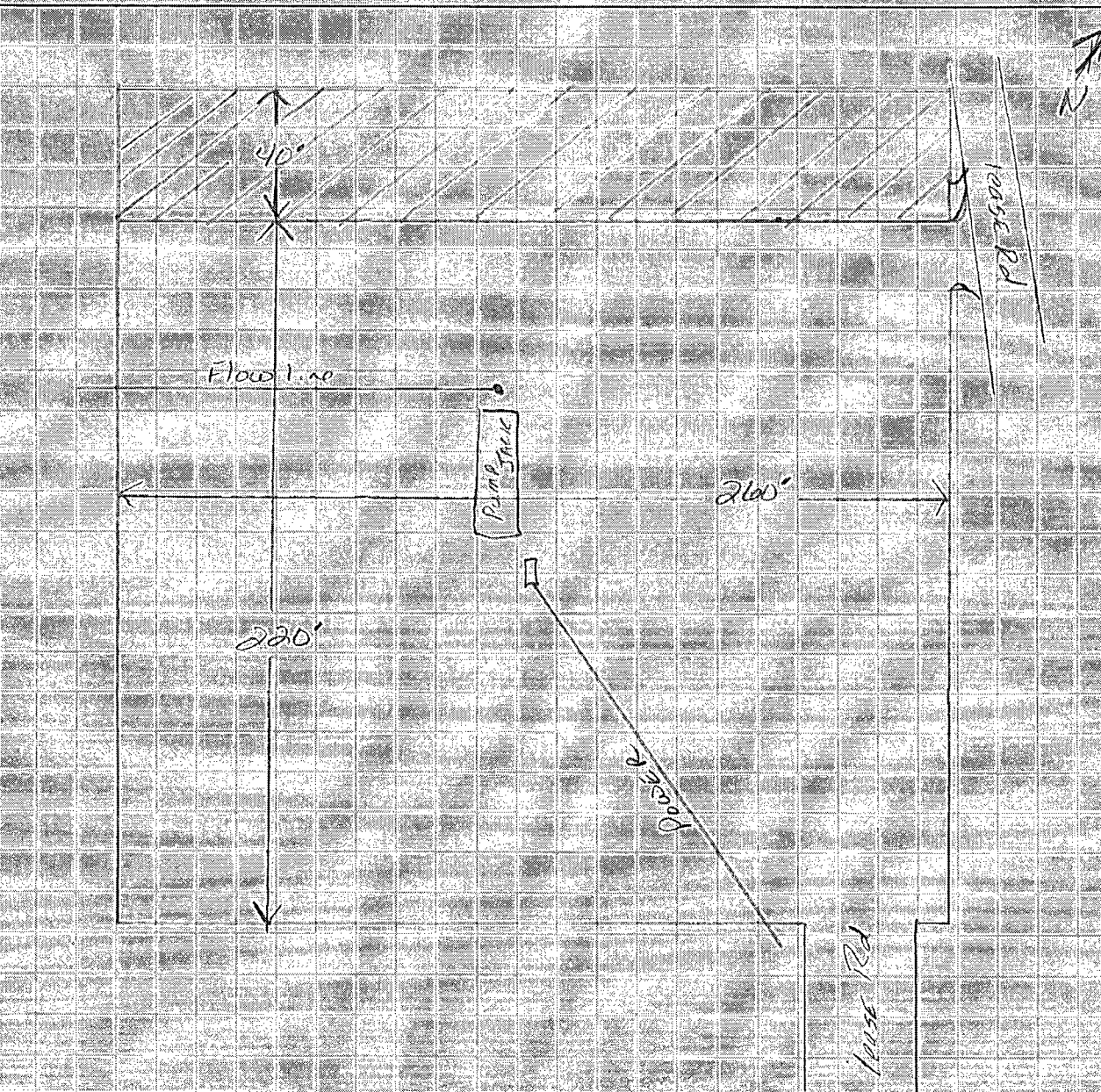
DATE

**1/15/2015**

Conditions of Approval (if any):

**talonlpe.com**  
**866.742.0742**

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

Date:	Time:	Project Manager:
Project Number:		
Project Name: R00 22 State #6		
Topic: Down Size Map		
Notes:		
		
Document must be filed in Project File	Prepared by: RD	Page of