

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.)		WELL API NO. 30-015-40857
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator OXY USA INC.		6. State Oil & Gas Lease No.
3. Address of Operator 1502 W. Commerce, Carlsbad, NM 88220		7. Lease Name or Unit Agreement Name ROO 22 State
4. Well Location Unit Letter N : 1570' feet from the South line and 1120' feet from the WEST line Section 22 Township 17S Range 28E NMPM County EDDY		8. Well Number: #16
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3597' GR		9. OGRID Number: 16696
		10. Pool Name: Artesia ; Glorieta-Yeso (O)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: **Downsize Location** ☒

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

Dir. of Energy

DATE

1/15/2015

Conditions of Approval (if any):

Project Correspondence Sheet

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

Date:	Time:	Project Manager:
Project Number: 700608-245.01		
Project Name: R00 22 St. #16		
Topic: Down Size MAP		
Notes: 30' outside of Deadman.		
Document must be filed in Project File	Prepared by: RD	Page ____ of ____