Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
District II	OIL CONSERVATION DIVISION	30 015 27131
1301 W. Grand Ave, Artesia, NM 88210 <u>District III</u>	1220 South St. Francis Dr	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	Pure Gold D
PROPOSALS.)		8. Well Number #4
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other DEC 8 2008	9. OGRID Number
Oxy USA Inc.		7. OGRID Number
3. Address of Operator	OCD-ARTESIA	10. Pool name or Wildcat
P.O. Box 50250 Midland, TX 7971	.0	Mesa Verde: Bone Springs
4. Well Location		
Unit Letterfeet from the line andfeet from theline Section 28 Township 23S Range 31E NMPM County: Eddy		
	11. Elevation (Show whether DR, RKB, RT, GR, etc.,	
	of the state of th	Marine Sala Sala Sala Sala Sala Sala Sala Sal
12. Check A	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	
TEMPORARILY ABANDON PULL OR ALTER CASING	CHANGE PLANS COMMENCE DRI MULTIPLE COMPL CASING/CEMEN	_
DOWNHOLE COMMINGLE	MOETH EE COM E	
OTHER:	☐ OTHER: Veni	t
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.: The vent started 11-13-2008 at 4 pm, it was stopped 11-24-08 at 7am. The amount vented was 3304 mcf.		
This gas contains no H2S.	started 11-13-2008 at 4 pm, it was stopped 11-24-08 a	it /am. The amount vented was 3304 mct.
3.112 gue 0 e 10111111 110 11 <u>1</u> 21		
ACCEPTED FOR RECO	RO	
ACCEPTED FOR		
0000		
DEC 8-2008		
Gerry Guye, Deputy Field Ins	pector	
Gerry Guye, Deputy 1 In ART NMOCD-District II ART	resia	
	Eunice Plant Shutde	ewn
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 Specialists	<u>S</u> DATE: <u>12-2-08</u>
Type or print name: Kelton Beaird	E-mail address: kelton beaird@oxy.cor	m PHONE: 575-390-1903
For State Use Only	L-mail address. kellon_beand@oxy.com	ii 1110NE. 373-390-1903
ADDDOVED DV	TITLE	D ATTE
APPROVED BY: Conditions of Approval (if any):	IIILE	DATE