Submit 3 Copies To Appropriate District	State of New Me				rm C-103
DISTRICT	ergy, Minerals and Natu	ral Resources	WELL ADINO	<u>J</u>	une 19, 2008
1625 N. French Dr., Hobbs, NM 87240 District II OH CONSERVATION DIVISION			WELL API NO. 30-015-22947		
District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505			5. Indicate Type of Lease STATE X FEE		
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.)			7. Lease Name or Unit Agreement Name: Big Walt 2 State		
1. Type of Well: Oil Well ☐ Gas Well ☒ Other			8. Well Number 1		
2. Name of Operator OXY USA WTP Limited Partnership			9. OGRID Number 192463		
3. Address of Operator			10. Pool name or Wildcat		
P.O. Box 27570 Houston, TX 77. 4. Well Location	<u>227-7570</u>	<u>. </u>	<u> Indian Basin,</u>	<u>Upper Penn</u>	
Unit Letter 3:660	feet from the Nor	th line and	2130 feet fr	om the Wes	tline
Section 2		Range 24E	NMPM	County	Eddy
11.	Elevation (Show whether	DR, RKB, RT, GR, e	tc.)	Lagis states	E.
12. Check Approp	priate Box to Indicate	Nature of Notice,	Report, or Other	r Data	
NOTICE OF INTENTI	ION TO:	l Sue	SSEQUENT RE	PORT OF	
					0.400.0
	JG AND ABANDON [REMEDIAL WORK			CASING
TEMPORARILY ABANDON X CHA	ANGE PLANS	COMMENCE DRILL	ING OPNS.	P AND A	
PULL OR ALTER CASING	ILTIPLE COMPL	CASING/CEMENT	JOB 🔲		
DOWNHOLE COMMINGLE					
					,
OTHER:	. 🗆		us may be grante		
13. Describe proposed or completed oper of starting any proposed work). SEE or recompletion.		Comple Contac	sful MIT test is per t the OCD to sche it may be witness	dule the	date etion
TD- 7975' PBTD-7771' Perfs=78	70-7914' CIBP-7820'			-	
OXY USA WTP LP, request a TA e part of OXY Yeso Recompeltion					
OXY will MIT the well per rule	s and request TA be g	ranted upon succe	ssful MIT.	14	
Current 1 year TA set to Expir	e 3/30/2011.				AN COL
Spud Date:	Rig Relea	ase Date:	· · · ·		<i>2</i> 9/
I hereby certify that the information above	is true and complete to the	best of my knowleds	ge and belief.	T.	? /
SIGNATURE SIGNATURE	TIT	LE Regulato	ory Analyst	_DATE	/16/2011
Type or print name <u>Jereme Robinson</u>	E-m	nail address:		PHONE _713	-366-5360_
For State Use Only		<u>^</u>	a dan	. /	
APPROVED BY Keroffe (Was	ris Tin	rle <u>Complian</u>	no Officer	_ date 3/_3	