Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 WELL API NO.	Revised August 1, 2011
District II - (575) 748-1283 OIL CONSERVATION DIVISION 30-015-40535	
District III – (505) 334-6178 1220 South St. Francis Dr.	
1000 Rio Brazos Rd., Aztec, NM 87410  District IV – (505) 476-3460  Santa Fe, NM 87505  6. State Oil & Gas	
1220 S. 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  7. Lease Name or Roo 22 State	Unit Agreement Name
PROPOSALS.) 1. Type of Well: Oil Well  Gas Well  Other  8. Well Number #	±13
2. Name of Operator 9. OGRID Numbe OXY USA INC 16696	r
3. Address of Operator 10. Pool name or V	Wildcat
	ETA-YESO (O) - 96830
4. Well Location	
Unit Letter C :_787feet from theN line and _2023 feet from theW line	
Section 22 Township 17S Range 28E NMPM  11. Elevation (Show whether DR, RKB, RT, GR, etc.)	County EDDY
3552' GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other I	Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐  DOWNHOLE COMMINGLE ☐	
	_
OTHER: GAS CONNECT DATE  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.	
ROO 22 STATE #13 – FIRST GAS SALES DATE: 12/22/2012	
· · · · · · · · · · · · · · · · · · ·	
JUL 1 9 2013	
JUI 10 2012	
NMOCD ARTESIA	
<u> </u>	DCD ARTERIA
	SIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
dry the Classic	
SIGNATURE TITLE_REGULATORY SPECIALIST DATE	E _07/18/2013
Type or print name _JENNIFER DUARTE E-mail address: _jennifer_duarte@oxy.com PHONE	
For State Use Only	
APPROVED BY: MOODE TITLE DISTERSORWER DATE	E: _713-513-6640