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Submit 3 Copies To Appropriate Distric	state of New Mexico			(")	Form C-103
Office District I	Energy, Minerals and Natural Resources			`	Revised March 25, 1999
625 N French Dr. Hobbs NM 87240 Ostrict 11				WELL API NO	50-015- 30693
811 South First, Artesia. NM 87210				5 Indicate Type of Lease	
istrict III 2040 South Pacheco DOO Rio Brazos Rd . Aztec. NM 87410 Santa Fe. NM 87505			STATE	The state of the s	
District IV 2040 South Pacheco Santa Fe, NM 875		re. NM 8/	303		Gas Lease No.
	OTICES AND REPORTS	ON WELLS	······································		or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PRO	OPOSALS TO DRILL OR TO DE	EPEN OR PLU	G BACK TO A	i Lease Name	or ome regreement runne.
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				044 505	a State
1. Type of Well:					
Oil Well Gas Well 2. Name of Operator	l 🔀 Other			8. Well No.	
OXY USA Inc. 16696					1
3. Address of Operator	DOV 50350 MIDI AND	TV 70710	0.0250	9. Pool name o	
4. Well Location	BOX 50250 MIDLAND	.TX 79710	1-0230	unass. Crow	Flats Marrow
	.=.	— 1		•	
Unit Letter K	_: <u>1780</u> feet from th	ie <u>Sout</u>	line and 1	980 feet f	rom the WEST line
Section 12	Township	175 Ra	inge 27E	NMPM	EDDY County
	10. Elevation (Show				
LL Chao	la Annonciata Danta I	Indianta NI	-5N-4	D Other	- Date
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK		ON 🔲	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DE	ILLING OPNS. 🔀	PLUG AND
		<u> </u>			ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A	ND 🔀	
OTHER:		L7	OTHER:		
	inleted operations (Clearly	state all ner	1	give pertinent date	es including estimated date
12. 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 recompilation.					
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE Voi	Stif	TITLE	REGULATORY	ANALYST	DATE 8/3/99
Type or print name	DAVID STEWART			Telephone No 9	015-685-5717
(This space for State use)	. 9 . a . d	`	100-00	*	
APPPROVED BY	In Why	ZITI F	Westreet	Syperviso	DATE 8-4-99

Conditions of approval, if any

ATTACHMENT C-103 OXY USA INC. OXY SOSA STATE #1 SEC 12 T17S R27E EDDY COUNTY, NM

NOTIFIED NMOCD 7/23/99, MIRU FWA-PETERSON #308, SPUD WELL @ 0100hrs MDT 7/24/99. DRILL 17-1/2" HOLE DRILL TO TD @ 407', 7/24/99. RIH W/ 13-3/8" 48# H40 CSG & SET @ 407'. M&P 163sx 35:65 POZ/C W/ 6% BENTONITE + 2% CaCl₂ + FOLLOWED BY 200sx CL C W/ 2% CaCl₂, DISP W/ FW, PLUG DOWN @ 2130hrs MDT 7/24/99, CIRC 100sx CMT TO PIT, WOC-6hrs. NMOCD NOTIFIED, BUT DID NOT WITNESS. CUT OFF CASING, WELD ON STARTING HEAD, TEST TO 500#, OK. NU BOP & TEST BLIND RAMS & CASING TO 500#, OK. TEST PIPE RAMS & HYDRIL TO 500#, OK. TOTAL WOC-18hrs. RIH & TAG, DRILL OUT & DRILL AHEAD 7/25/99.

DRILL 11" HOLE TO TD @ 1503' 7/26/99 & RUN FLUID CALIPER, POOH. RIH W/ 8-5/8" 24-32# K55 CSG & SET @ 1500'. M&P 535sx 65:35 C/POZ W/ 6% BENTONITE + 2% CaCl2 + .25#/sx CELLOFLAKE + 5#/sx GILSONITE FOLLOWED BY 200sx CL C W/ 2% CaCl2, DISP /FW, PLUG DOWN @ 1900hrs MDT 7/26/99, CIRCULATE 57sx CMT TO PIT, WOC-4hrs. PU BOP & SET SLIPS W/ 40000#. NU 5M GULFCO B SECTION, TEST SEALS TO 1000#, OK. TEST BLIND RAMS, PIPE RAMS, CHOKE LINES, CHOKE MANIFOLD AND SAFETY VALVES TO 5000#, OK. TEST HYDRIL TO 2500#, OK. TEST KILL LINE, MUD LINES, & CASING TO 2000#, OK, TOTAL WOC-18hrs. RIH & DO CMT, TEST CSG, OK, NMOCD NOTIFIED OF CSG/CMT JOB & BOP TEST, BUT DID NOT WITNESS. DRILL AHEAD.