

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240

RECEIVED  
220 South St. Francis Dr.  
Santa Fe, NM 87505

DISTRICT II  
1301 W. Grand Ave. Artesia, NM 88210

FEB 08 2012  
HOBBSOCD

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-07485
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Oxy USA, Ltd		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name State Land Section 30
4. Well Location Unit Letter <u>N</u> : <u>660</u> Feet From The <u>South</u> <u>1914</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		8. Well No. <u>7</u>
11 Elevation (Show whether DF, RKB, RT GR, etc.) 3652' GL.		9. OGRID No. <u>16696</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		10. Pool name or Wildcat <u>Bowers 7 Rivers</u>

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>
OTHER: _____	_____

13. Describe Proposed or Completed Operations (Clearly state all pertinent details proposed work) SEE RULE 1103. For Multiple Completions: Attach well

1. Kill well.
2. POOH and lay down rods and tubing.
3. Clean out well to 3171'. Circulate clean.
4. RIH w/CIBP and set @3110'. Cap w/35' of cement.
5. Test casing and chart for the NMOCD.
6. Install TA well head.

**Rule 19.15.25.14**  
Set CIBP, RBP or Packer within 100 feet of uppermost perfs or open hole. Pressure test to 500 psi for 30 minutes with a pressure drop of not greater than 10% over a 30 minute period

**Condition of Approval: notify  
OCD Hobbs office 24 hours  
prior of running MIT Test & Chart**

**The Oil Conservation Division  
MUST BE NOTIFIED 24 Hours**

**Prior to the beginning of operations**

I hereby certify that the operations described herein are complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 02/08/2012  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy.johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 2-8-2012  
CONDITIONS OF APPROVAL IF ANY: