Submit 1 Copy To Appropriate District Office	State of New Me	exico	Form C-103
<u>District I</u> – (575) 393-6161			Revised August 1, 2011
	1625 N French Dr., Hobbs, NM 88240 District II = (575) 748-1283		ELL API NO. - 025-26976
811 S First St., Artesia, NM 8821040BBS OCWIL CONSERVATION DIVISION		DIVISION	Indicate Type of Lease
1220 South St. Francis Dr.		icis Dr.	STATE FEE
District IV - (505) 476-3460 SEP 2 5 2012 Santa Fe, NM 87505 87505		6	State Oil & Gas Lease No
			L4750
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROCESS OF THE ORIGINAL OR TO DEEPEN OR PLUG BACK TO A			Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		OR SUCH	NBR
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other		8.	Well Number
2. Name of Operator		9.	OGRID Number 16696
OXY USA Inc. / 3. Address of Operator			. Pool name or Wildcat
P.O. Box 50250 Midland, T	X 79710	1 🛌	ed Tank Bone Spring
4. Well Location			ez lank bove spring
Unit Letter J: 1930 feet from the South line and 1980 feet from the east line			
Section 18 Township 225 Range 33E NMPM County Lear			
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)	
	3631		
12. Check 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			☐ ALTERING CASING ☐
		COMMENCE DRILLIN	_
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMENT JO	DR []
_			71-11
OTHER OTHER OTHER MIT - TAStatus			
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			
TD-15372' PBTD-9823' Perfs-9898-9920' CIBP-9823'			
CVVIICA I			
OXY USA Inc. respectfully requests to extend the Temporarily Abandon Status Approval for one year. It			
is currently being evaluated for possible future recompletion as a SWD well.			
1 Notified MOCD of casing integrity test 24hrs in advance.			
2 RU pump truck 9/19/12, circulate well with treated water, pressure test casing to 520# for 30			
minutes, witnessed by Mark Whitaker-NMOCD			
	•	filis Approvation	of Temporary 19-2016 Expires
		Abandonnient	Expires
Spud Date	Rig Release Da	ate.	
	·		
I hereby certify that the information	above is true and complete to the be	est of my knowledge an	d belief
SIGNATURE /	TITLE R	egulatory Advisor	DATE 9/24/12
	11133	egulatory / tavisor	DAIL HE, ILL
Type or print name E-mail address: david_stewart@oxy.com PHONE432-685-5717_			
For State Use Only			
APPROVED BY: DATE 9-27-2012			
Conditions of Approval (if any)			
			<i>'</i>

