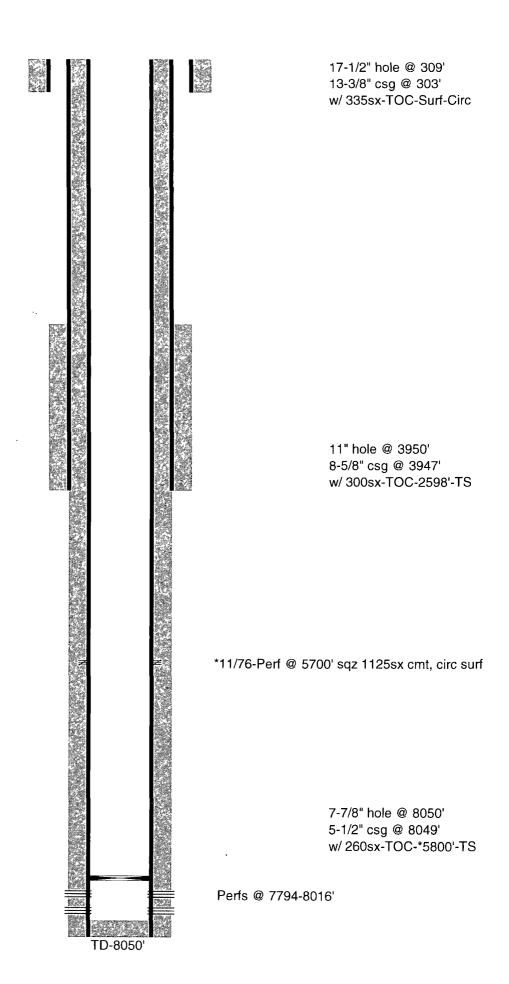
Submit 1 Copy To Appropriate District Office	State of New Me	exico	•	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	ral Resources	WELL ADINO	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 District II (575) 748-1283			WELL API NO. 30- <b>025-243</b>	ru5 /
811 S First St., Artesia, NM 88210 HOBBS OULL CONSERVATION DIVISION			5. Indicate Type o	f Lease
District III - (505) 334-6178 1220 South St. Francis Dr.			STATE 1	FEE 🗆
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <b>2 6 2012</b> District IV – (505) 476-3460 CT <b>2 6 2012</b> Santa Fe, NM 87505			6. State Oil & Gas	
1220 S. St Francis Dr, Santa Fe, NM 87505	·		EZTI	97
	ENAND REPORTS ON WELLS	<del>-</del>		Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSA	ALS TO DRILL OR TO DEEPEN OR PL	JG BACK TO A		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				e Verbaian Unit
1. Type of Well: Oil Well Gas Well Other			8. Well Number	แร
2. Name of Operator			9. OGRID Numbe	r 16696
OXY USA Inc.			10 P1	77:11
3. Address of Operator P.O. Box 50250 Midland, TX 79710			10. Pool name or	` \ \
4. Well Location			16 blankide	Devonian)
	540 6.6.4.	<b></b>	いして feet from	1 200
Section 33		inge 38E	NMPM	County (ec
	11. Elevation (Show whether DR)	KKB, KI, GK, eic.	)	
	3(02			
12 Check A	opropriate Box to Indicate N	ature of Notice	Report or Other I	Jata
12. Check A	propriate Box to indicate is	ature of Notice,	Report of Other I	Jala
NOTICE OF INT	ENTION TO:	SUE	SEQUENT REF	ORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOF			<del></del>	ALTERING CASING 🗌
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	<del></del>	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE				
OTHER: MIT	G/	OTHER:		
13. Describe proposed or comple	ted operations. (Clearly state all		d give pertinent dates	s, including estimated date
	k). SEE RULE 19.15.7.14 NMA			
proposed completion or recor	mpletion.	•	•	•
TD-8050' PBTD-8045"	Perfs-7794-8016'			
, 2 0000 , 2, 2 00 10				
OXY USA Inc. respectfully	requests to temporarily aban	don this well. Th	is unit is currently b	peing
evaluated for possible CO	·		·	_
evaluated for possible ec	72 1100d.			
1. POOH w/ prod equip	ment, RIH & set CIBP @ +/-774	4'		
• •	ng integrity test 24hrs in adva			
· ·	ate well with treated water, pr		g to 500# for 30 mij	2
5. No pump truck, circul	ate well with treated water, pr	essure test casing	g to 300# 101 30 11111	1.
•				
				7
Spud Date:	Rig Release Da	ite:		
	<del></del>			
I hereby certify that the information ab	ove is true and complete to the be	est of my knowledg	ge and belief.	
	_			
SIGNATURE	TITLE R	egulatory Advisor	DATE	10/23/12
		egulatory Advisor	DATE	10123112
Type or print name 1) acid Stee	E-mail address	: david_stewart@e	oxv.com PHONE	:432-685-5717
For State Use Only	7 //	/		
5/14		it has	•	1000 2000
APPROVED BY:	TITLE 1	ST. INGT	DAT	10-29-2012
Conditions of Approval: The Operato	shall give the OCD			
District office 24 hours notice before	work begins.	Conditions of Ap	proval: Notify OCE	District office
		24 hours prior to	running the TA Pre	essure Test. OC 2 9 2012
		<del>-</del> -		and the same of th



CIBP @ 7744'

