Form C-103 State of New Mexico Submit 3 Copies To Appropriate District Energy, Minerals and Natural Resources Revised March 25, 1999 District I WELL API NO. 1625 N. French Dr., Hobbs, NM 87240 30-025-28766 District II OIL CONSERVATION DIVISION 811 South First, Artesia, NM 87210 5. Indicate Type of Lease 2040 South Pacheco District III STATE X FEE \square 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV 6. State Oil & Gas Lease No. 2040 South Pacheco, Santa Fe, NM 87505 LG 1543 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name: (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 State DW PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Swid 8. Well No. 2. Name of Operator 192463 OXY USA WTP Limited Partnership 3. Address of Operator 9. Pool name or Wildcat SMI) P.O. Box 50250 Midland, TX 79710-0250 4. Well Location feet from the North line and 1980 feet from the west : 1980 Unit Letter line Township 185 Range 33E **NMPM** Section County 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4105 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: **ALTERING CASING** PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **PLUG AND** COMMENCE DRILLING OPNS. TEMPORARILY ABANDON CHANGE PLANS **ABANDONMENT CASING TEST AND MULTIPLE PULL OR ALTER CASING CEMENT JOB** COMPLETION MIT - TA Status X OTHER: OTHER: 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. OXY USA WTP LP requests to temporarily abandon this well for possible future use. - 1920212223 Perfs-6020-6220 PBTD- 6645 Pkr/CIBP- 5914 TD 9.050 1. Notify DLM/NMOCD of casing integrity test 24hrs in advance. 000 HODDS 2. RU pump truck 4(300), circulate well with treated water, pressure test casing to 510 # for 30 min. This Approved of Temporary Abandonment Expires I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Sr. Regulatory Analyst SIGNATURE_ Telephone No. 915-685-5717 Type or print name David Stewart OG FIELD REPRESENTATIVE II/STAFF MANAGER (This space for State use) JUN 05 200

TITLE

APPROVED BY

Conditions of approval, if any

