 Submit 1 Copy To Appropriate District Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 	State of New Me Energy, Minerals and Natur OIL CONSERVATION SOCD 1220 South St. Fran	ral Resources	Form C-103 Revised August 1, 2011 WELL API NO. 60- 025-03389 5. Indicate Type of Lease STATE FEE F
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM PR 08 2013 87505			5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (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.) 1. Type of Well: Oil Well Gas Well Other			. Lease Name or Unit Agreement Name
2. Name of Operator			0. OGRID Number 16696
OXY USA Inc. 3. Address of Operator P.O. Box 50250 Midland, TX 79710			0. Pool name or Wildcat
4. Well Location Unit Letter) Section 1 Township 2(5 Range 35E NMPM County Lea 11. Elevation (Show whether, DR, RKB, RT, GR, etc.) 3564			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
	ENTION TO: PLUG AND ABANDON I CHANGE PLANS I MULTIPLE COMPL I	SUBSI REMEDIAL WORK COMMENCE DRILL CASING/CEMENT J	
OTHER:		OTHER:	
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.			
,' 7" 2 1. RIH & s 2. M&P 3 3. M&P 3 4. M&P 3 4. M&P 3 4. M&P 1	OH-3699-3850' /8" 32# csg @ 388' w/ 300sx, 12-1 20# csg @ 3699' w/ 1610sx, 8-3/4 et CIBP @ 3650', M&P 25sx cmt t Dsx cmt @ 3125-3025' WOC-Tag Dsx cmt @ 2850-2750' WOC-Tag Dsx cmt @ 1500-1400' WOC-Tag D0sx cmt @ 438' to surface ALF between plugs	" hole, TOC-Surface-C	rc jrc
Spud Date:	Rig Release Da	The Oil Consen 24 hours prior to	vation Division Must be notified the beginning of plugging operations.
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE In Sta	TITLE R	egulatory Advisor	DATE 4313
Type or print name Desid Ste For State Use Only	E-mail address	: <u>david_stewart@oxy</u>	A.com PHONE: 432-685-5717
APPROVED BY: Conditions of Approval (if finy):	TITLE DE	st waz	DATE 4-8-2013
			APR 09 2013

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APR 09 2013

OXY USA Inc. - Current L.W. White NCT B Tr B #2 API No. 30-025-03389



TD-3850'

OXY USA Inc. - Proposed L.W. White NCT B Tr B #2 API No. 30-025-03389



12-1/4" hole @ 388' 9-5/8" csg @ 388' w/ 300sx-TOC-Surf-Circ

8-3/4" hole @ 3850' 7" csg @ 3699' w/ 1610sx-TOC-Surf-Circ