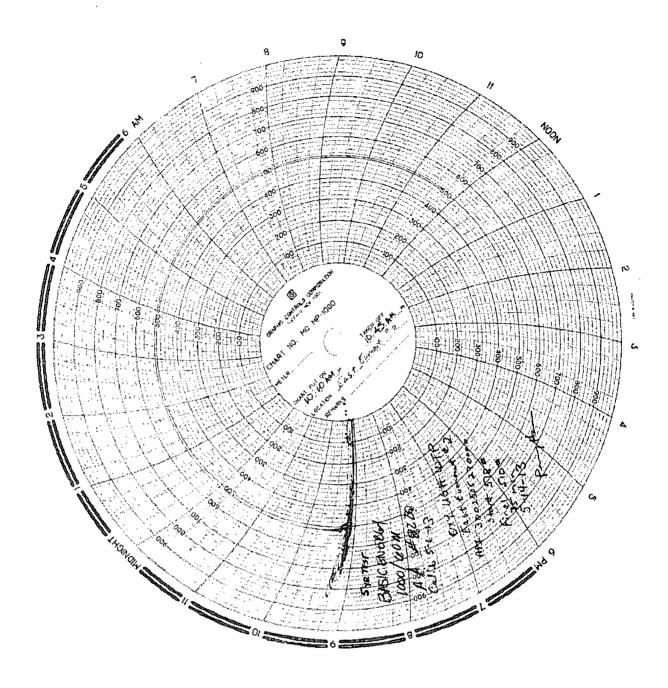
Submit I Copy To Appropriate District Office	State of New Me		Form C-103
District 1 - (575) 393-6161	HOBES OF DMinerals and Natur	ral Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-05527
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 JUN 108II2: GONSERVATION DIVISION		5. Indicate Type of Lease	
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE	
District IV - (505) 476-3460 Santa Fe, INIVI 6/303		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM. 87505	1/PATIAED		E-7183
SUNDRY NO	TICES 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 PROPOSALS.)			Fast Eumont Unit
1. Type of Well: Oil Well Gas Well Other Injection - TA		AT- NO	8. Well Number 2
2. Name of Operator OXY USA WTP Limited Partnership			9. OGRID Number 192463
3. Address of Operator			10. Pool name or Wildcat
P.O. Box 50250 Midland, TX 79710			Eumout Yates TRan
4. Well Location			
Unit Letter (= : 2310 feet from the North line and 1980 feet from the east line			
Section 33 Township 185 Range 37E NMPM County Lea			
The second secon	11. Elevation (Show whether DR,	RKB, RT, GR, etc.)	
	3710		
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK			SEQUENT REPORT OF: K
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN			
DOWNHOLE COMMINGLE			_
			WIT Fort The
OTHER: OTHER: M. (
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
TD- <u>40(2.*</u> PB	TD- <u>3740</u> Perfs- <u>3808</u> -	-395z'	(13) Phr. 3740'
10- 40(12 FB10- 5 (-10 FE113- 3005 5 (-13 FAIT- 5 (-13			
1. Notified NMOCD of casing integrity test 24hrs in advance.			
2. RU pump truck <u>S(ILL)</u> circulate well with treated water, pressure test casing to <u>SID</u> #			
for 30 min. Abandonment Expires			
		And Idoumer	nt Expires 14-2016
	,		0
Spud Date:	Rig Release Da	ate:	
	2	<u> </u>	***************************************
I hereby certify that the information	n above is true and complete to the bo	art of my knowlede	es and baliaf
Thereby contry that the information	a above is true and complete to the bi	est of my knowledg	ge and pener.
SIGNATURE TITLE Regulatory Advisor DATE 6 (7) (3			
Type or print name Usid Stewart a E-mail address: david stewart@oxy.com PHONE: 432-685-5717			
For State Use Only			
1 D - + 220 (21/22)			
APPROVED BY TITLE 155. WE DATE OF THE DATE			
Conditions of Approval (if any):	/		



Rec M: 2 Rex 6/7/13