State	of New Mexico		
Energy, Minerals and	Natural Resources Department	nt	Form C-103
FILE IN TRIPLICATE	VATION DIVISION		Revised 5-27-2004
DISTRICT I 1220 Sou	uth St. Francis Dr. Fe, NM 87505	WELL API NO. 30-025-07542	
DISTRICT	rc, mwi 87505	5. Indicate Type of Lease	
1301 W: Grand Ave, Artesia, NM 88240. SEP 2 6 2013		STATE X	FEE
		6. State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410		7.1	
SUNDRY NOTICES AND REPORTS ON V (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEP DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form	PEN OR PLUG BACK TO A	7. Lease Name or Unit Agreen State Land Section 32	nent Name
1. Type of Well:		8. Well No. 8	/
Oil Well Gas Well Other	Temporarily Abandoned	/	
2. Name of Operator Oxy USA, Ltd.		9. OGRID No. 16696	
3. Address of Operator		10. Pool name or Wildcat	Bowers 7 Rivers
HCR 1 Box 90 Denver City, TX 79323 4. Well Location			
Unit Letter I 1980 Feet From The South	660 Fee	t From The East	Line
			_
Section 32 Township 18-S	Range 38-E	, NMPM	Lea County 🖌
3637' GR	, KKB, KT OK, CC.)		
Pit or Below-grade Tank Application or Closure		.	
Pit Type Depth of Ground Water Distance from			irface water
Pit Liner Thickness mil Below-Grade Tank: Volume	bbls; Construction Ma	terial	
12. Check Appropriate Box to Indicate	Nature of Notice, Report, or C	Other Data	
NOTICE OF INTENTION TO:	SUBS	SEQUENT REPORT O	F:
PERFORM REMEDIAL WORK PLUG AND ABANDON	REMEDIAL WORK		3 CASING
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPI	NS. DLUG & A	
PULL OR ALTER CASING Multiple Completion	CASING TEST AND CEMEN	Т ЈОВ	
OTHER:	OTHER: Casing integri	ty test	X
 Describe Proposed or Completed Operations (Clearly state all pertiner proposed work) SEE RULE 1103. For Multiple Completions: Attac 			starting any
Date of Test: 09/22/2013			
Pressure Readings: Initial – 555 PSI; 15 min – 555 PSI; 30 min – 555	5 PSI		
Length of test: 30 minutes			
Witnessed: NO	This American st	T • • • • • • • • •	
CIBP set @3050'	This Approval of Abandonment Ex	remporary	2014
Open hole perfs 3124-3192'	Abandonment L		
I hereby certify that the information above is true and complete to the best of my kr	owledge and belief. I further certify t	hat any pit or below-grade tank l	as been/will"be
constructed or			1
closed according to NMOCD guidelines , a general permit	or an (attached) alternative	OCD-approved	
SIGNATURE MENDLY CLORMON	TITLE Administrative	Associate DATI	E 09/25/2013
TYPE OR PRINT NAME Mendy A. Johnson E-mail address:	mendy_johnson@oxy.com	TELEPHONE NO.	806-592-6280
For State Use Only	<u> </u>	<u></u>	
APPROVED BY Markethitetun	TITLE Loupli	me Officer DAT	TE 09-27-2013
CONDITIONS OF APPROVAL IF ANY:			1

		V
SEP	30	20 3

