Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
Engage Minerals and Material Department	Revised July 18, 2013 WELL API NO.
District II – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1220 South St. Francis Dr	30-025-10024
811 S. First St., Artesia, NM 88210	5. Indicate Type of Lease
1000 Pio Brozos Pd. Aztes NM SMACO T.	STATE FEE
District IV = (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NETHONSOAND 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.)	E.A. Sticher
1. Type of Well: Oil Well Gas Well Other	8. Well Number 2
2. Name of Operator	9. OGRID Number 16696
OXY USA Inc. 3. Address of Operator	10. Pool name or Wildcat
P.O. Box 50250 Midland, TX 79710	Blinebuy O:1 & Gas
4. Well Location	
Unit Letter N: 5457 feet from the South line and 1	Bysto Geel from the west line
Section 4 Township 22 S Range 37 E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
<u>840-75 3429'</u>	
12. Check Appropriate Box to Indicate Nature of Notice, l	Report or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL	<u> </u>
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB 📙
DOWNHOLE COMMINGLE T/A - 4YRS CLOSED-LOOP SYSTEM T	
OTHER: MIT OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion or recompletion.	npletions: Attach wellbore diagram of
proposed completion or recompletion.	1 - 1 4 - of
• · · · · · · · · · · · · · · · · · · ·	NO PROD 11 month
TD-7980' PBTD-6285' Perfs-5544-5857' CIBP-6320'	
	T/A 4 YRS
OXY USA Inc. respectfully requests to temporarily abandon this well. It is	s currently being evaluated for
possible future recompletion.	
1. RIH & set CIBP @ +/-5494'	•
2. Notify NMOCD of casing integrity test 24hrs in advance.	
	og to E00# for 20 min
3. RU pump truck, circulate well with treated water, pressure test casir	ig to 500# for 50 min.
Spud Date: Rig Release Date:	
·	
I hereby certify that the information above is true and complete to the best of my knowledge	e and belief.
SIGNATURE TITLE Sr. Regulatory Advisor	rDATE 3(6(14
TI DI	
Type or print name <u>David Stewart</u> E-mail address: <u>david_stewart@</u>	oxy.com PHONE: <u>432-685-5717</u>
For State Use Only M / JHR.	11.1 ,
APPROVED BY: THE Compliance Ch	Lue DATE 3/12/2014
CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to running the TA Pressure Test	MAR & 3 2014

OXY USA Inc. E.A. Sticher #2 API No. 30-025-10024

CIBP @ 5494'

CIBP @ 6320' w/ 35' cmt to 6285' -

CIBP @ 6650' w/ 10' cmt

CIBP @ 7535' w/ 10' cmt

