

Submit 1 Copy To Appropriate District Office  
 District I - (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  
 1000 Rio Brazos Rd., Aztec, NM 87424  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

HOBBS OGD  
 MAY 05 2014

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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.)		WELL API NO. 30-025-12386 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator <u>OXY USA Inc.</u>		6. State Oil & Gas Lease No. <u>46384</u>
3. Address of Operator <u>P.O. Box 50250 Midland, TX 79710</u>		7. Lease Name or Unit Agreement Name <u>West Dollarhide Devonian Unit</u> ✓
4. Well Location Unit Letter <u>B</u> : <u>666</u> feet from the <u>north</u> line and <u>1780</u> feet from the <u>east</u> line Section <u>5</u> Township <u>25S</u> Range <u>38E</u> NMPM County <u>Lea</u> ✓		8. Well Number <u>110</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3175'</u>		9. OGRID Number <u>16696</u> ✓
10. Pool name or Wildcat <u>Dollarhide Devonian</u> ✓		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>MIT-TAE</u> <input checked="" type="checkbox"/>	
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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.

TD-7666' PBDT-7425' Perfs-7445-7630' CIBP-7425'

This Approval of Temporary Abandonment Expires 4/29/2016

OXY USA Inc. respectfully requests to extend the Temporarily Abandon Status Approval. This unit is currently being evaluated for possible CO2 flood.

1. Notify NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 4/29/14, circulate well with treated water, pressure test casing to 540# for 30 min.

Spud Date:

Rig Release Date:

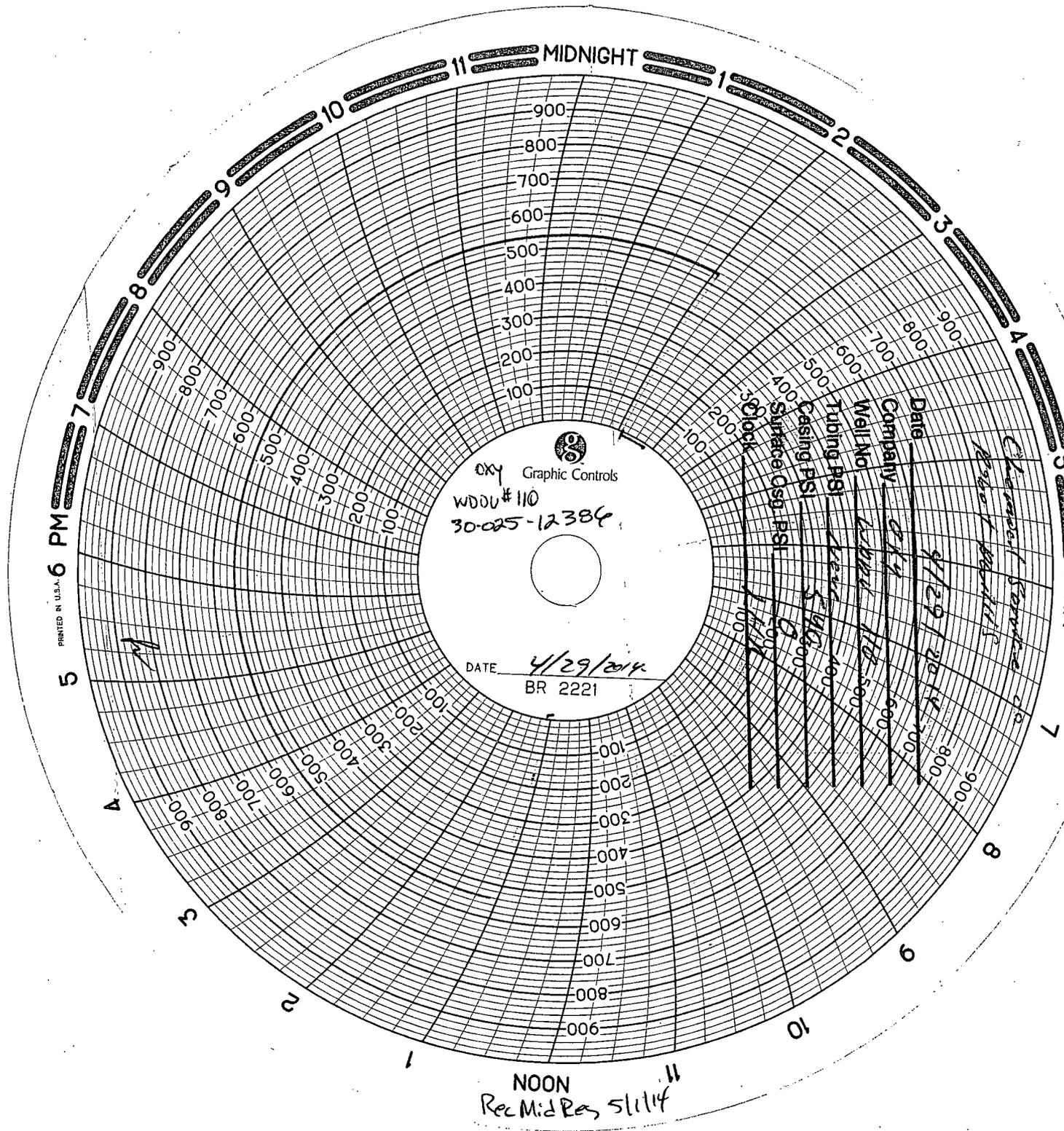
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 5/1/15

Type or print name David Stewart E-mail address: david\_stewart@oxy.com PHONE: 432-685-5717

For State Use Only  
 APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 5/6/2014  
 Conditions of Approval (if any)

MAY 07 2014



  
 Oxy Graphic Controls  
 WDOU # 110  
 30-025-12384  
 DATE 4/29/2014  
 BR 2221

Company Champion Services Co  
 Well No 1000  
 Tubing PSI 400  
 Casing PSI 300  
 Surface Csg PSI 150  
 Date 4/29/2014  
 Operator W. Smith

NOON  
 Rec Mid Res 51114

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