

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 87401  
 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

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

WELL API NO. 30-025-22230 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 13935
7. Lease Name or Unit Agreement Name East Eumont Unit ✓
8. Well Number 918 ✓
9. OGRID Number 192463
10. Pool name or Wildcat Eumont Yates 7R QU

**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 Injection-TA

2. Name of Operator  
OXY USA WTP Limited Partnership ✓

3. Address of Operator  
P.O. Box 50250 Midland, TX 79710

4. Well Location  
 Unit Letter K : 1882 feet from the south line and 1980 feet from the west line  
 Section 1 Township 20S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3586'

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

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

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- 3900' PBD- 3730' Perfs/OP- 3781-3863' CIBP- 3730'

*This Approval of Temporary Abandonment Expires 4/08/2015*

1. Notified NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 4125/14, circulate well with treated water, pressure test casing to 500-480# for 30 min.

OXY USA WTP LP respectfully requests a 2 year extension on the temporary abandonment of this well for further evaluation of the waterflood unit. OXY implemented a project in 2013 that consisted of revitalizing the northern (active) portion of the unit. OXY drilled and completed four new wells that decreased the Primary production spacing from 40 acre to 20 acre spacing. OXY is currently engaged in a program to continue to test the potential of the northern (active) portion of the unit as well as to test potential in the southern (inactive) portion of the unit. The continued program entails: monitoring the production on the 4 new wells; cleaning out and stimulating 3 injection wells to ensure sufficient flooding; and recompleting 4 wells in the South portion of the field to evaluate the potential of the inactive portion of the field. Also OXY has identified 10 wells (4 in the East Eumont Unit) to plug and abandon. From the results of the continued program, OXY will evaluate and determine the potential for reactivation of this well.

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 4/28/14

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

For State Use Only

APPROVED BY: Bil Sawanaka TITLE Staff Manager DATE 5/16/2014 PM  
 Conditions of Approval (if any):

MAY 21 2014

CDV

