-Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I + (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Na	tural Resources	WELL API NO.	Revised July 18, 2013
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		30-025-05550	
District III - (505) 334-6178			5. Indicate Type of Lea	
1000 Rio Brazos Rd . Aztec, NM 87410 District IV - (505) 476-3460			6. State Oil & Gas Leas	FEE
1220 S. St. Francis Dr., Santa Fc, NAI 87505			32207	
SUNDRY NOTICE	ES AND REPORTS ON WELL		7. Lease Name or Unit	Agreement Name
(DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR USE "APPLICA" PROPOSALS)	LS TO DRILL OR TO DEEPEN OR P FION FOR PERMIT" (FORM C-101)	LUG BACK TO A FOR SIOBBS OCD	East Eumont	
1. Type of Well: Oil Well G	as Well Other Inject	rion	8. Well Number 36	
2. Name of Operator OXY USA W	TP Limited Partnership	SEP 1 2 2014	9. OGRID Number	2463
3. Address of Operator			10. Pool name or Wilde	
Particularly and the second se	50 Midland, TX 79710	RECEIVED	Eumont Yates	TRQU
4. Well Location Unit Letter				
Section (D	feet from the <u>حماد</u> Township (حرج F		are in the earliest transport to the first transport	en i de la Carale Carale Grane a ser la
THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERS	1. Elevation (Show whether Di			ily Lea
The second secon	3662		3.00	
12 6				
12. Спеск Арј	propriate Box to Indicate N	Nature of Notice, I	Report or Other Data	
NOTICE OF INTE	ENTION TO:		SEQUENT REPORT	FOF:
	LUG AND ABANDON	REMEDIAL WORK		RING CASING 🔲
માં ત્યારમાં મિલ્લાફોર્ટ કોર્ટ વર્ષ્ટ કરિયાલફોર કરિયાલફોર કોંગલવાફોર કેરિયાલફોર કેર્યો વર્ષોના કોર્યો કરવા કોલી હતાફોર	CHANGE PLANS MULTIPLE COMPL	COMMENCE DRIL	and a liste an all il fatta and a liste anni a liste anni a liste anni a calla calla anni a calla calla cigni) A
DOWNHOLE COMMINGLE	IOCHITEC COMPC	CASING/CEMENT	JOB 🔲	
CLOSED-LOOP SYSTEM				
OTHER:		OTHER:	MIT	F
13. Describe proposed or complete	d operations. (Clearly state all SEE RULE 19.15.7.14 NMA	pertinent details, and	give pertinent dates, inclu	ding estimated date
proposed completion or recomp	pletion.	c. To wantpie com	ipicaons. Attach wehoore	anagram or
TD- <u>3ጓሮጓ`</u> РВТО-	3789 Perfs-3781.	39.55 P	kr- 3705'	
1. Notified NMOCD	of casing integrity test 24hrs	in advance.		
ర్జర్జులు చిలిగి పైలు చిలికి పైలు కోజరకోసులు కాలంగో లుఖర్జుల కులకి పైలో అరి పైలో అకుండి పైలు చిలుకే పైలోలు కులక పైలోల	<u>ૂર્વ</u> , circulate well with	treated water, pres	sure test casing to 555	<u> </u>
for 30 min.				
Spud Date:	Rig Release Da	ite:		
hereby certify that the information above	e is true and complete to the bi	est of my knowledge	and belief.	
	_			
SIGNATURE / A - STAT	TITLE St.	Regulatory Advisor	DATE '(i Cle
Type or print name <u>David Stewart</u>	E-mail address:	david stewart@c	oxy.com PHONE:43	2-685-5717
For State Use Only	ramah TITLE S	21.00		, ,_ ,
APPROVED BY: / Sel Seu	ramah TITLE -	etatt Man	lage DATE	4/2014
Conditions of Approval (if any):				

