

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 87410  
 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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-34144
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No. E1673
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name State 33
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>north</u> line and <u>2310</u> feet from the <u>west</u> line Section <u>33</u> Township <u>21S</u> Range <u>35E</u> NMPM County <u>Lea</u>		8. Well Number <u>2</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3621</u>		9. OGRID Number 16696
		10. Pool name or Wildcat Grama Ridge Morrow, East

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

<b>E-PERMITTING</b> P&A NR <input type="checkbox"/> INT TO P&A <input type="checkbox"/> CSNG <input type="checkbox"/> TA <u>P.M.C.</u> <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>TA Extension/MIT</u> <input checked="" type="checkbox"/>	P&A R <input type="checkbox"/> COMP <input type="checkbox"/> CHG Loc <input type="checkbox"/> RBDMS CHART <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/> P AND A <input 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-12707' PBDT-9136' Perfs-12654-12658' RBP-9316'

This Approval of Temporary Abandonment Expires 11/14/2015

OXY USA Inc. respectfully requests to extend the Temporarily Abandon Status Approval. This well is has been evaluated for recompletion/plugback in the Strawn. The recompletion procedure is currently being worked up for the remedial and plug back permit and will be submitted when complete. The work is currently being planned for the 2<sup>nd</sup> quarter 2015.

1. Notify NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 11/14/14, circulate well with treated water, pressure test casing to 520# 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 11/13/14

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 11/20/2014  
 Conditions of Approval (if any)

NOV 24 2014

