•	4 A			
Office Energy, Minerals	of New Mexi and Natural			Form C-103 May 27, 2004
District I 1625 N French Dr., Hobbs, NM 87240		ſ	WELL API NO.	
District II 1301 W Grand Ave., Artesia, NM 88210 OIL CONSER			5. Indicate Type	025-07740
District III 1220 Sou	th St. France		STATE	FEE X
District IV	Fe, NM 875	05	6. State Oil & Ga	
1220 S. St Francis Dr, Santa Fe, NM 87505			o. State Oli & Ga	is Lease No.
SUNDRY NOTICES AND REPORTS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (PROPOSALS.)	S ON WERE O DEEPENOR (FORM C-101)	FOR SUCH	Warren McKee L	r Unit Agreement Name: Init
1. Type of Well: Oil Well Gas Well Other	ect M	AR 0 3 2008	8. Well Number	-
2. Name of Operator OXY USA WTP Limited Partnership	HO	385 OC	OGRID Number 19	er 2463
3. Address of Operator			10. Pool name or	Wildcat
P.O. Box 50250 Midland, TX 79710-0250 4. Well Location			Warren McKee	
Unit Letter <u>I</u> : <u>3300</u> feet from t	he North	─ line and	60 feet fro	om the east line
Section 7 Township	205 Ra	ange 3SE	NMPM	County Lea
11. Elevation (Sho				
Pit or Below-grade Tank Application or Closure			,,,,,_,_,_,,_,,,,,,,,,	
Pit type Depth to Groundwater Distance from	nearest fresh w	ater well Dist	ance from nearest sur	face water
Pit Liner Thickness: mil Below-Grade Tax	nk: Volume	bbls; Construction	n Material	
12. Check Appropriate Box to NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABAND TEMPORARILY ABANDON CHANGE PLANS		SUBS REMEDIAL WORK		
PULL OR ALTER CASING MULTIPLE COMPLETION		ASING TEST AND EMENT JOB	Po S. P.	
OTHER:		THER: CIT - TA	Status	ò. X
 13. Describe proposed or completed operations. (Clearly of starting any proposed work). SEE RULE 1103. F or recompletion. OXY USA WTP LP requests to temporar TD- <u>9226</u> PBTD- <u>COBA</u> 	or Multiple C	ompletions: Attach n this well for p	wellbore diagram	use. So
1. Notify NMOCD of casing integrity	/ test 24hrs		·	te
2. RU pump truck <u>22668</u> . circul to <u>620</u> # for 30 min.				
I hereby certify that the information above is true and comp grade tank has been/will be constructed or closed according to NMOG	lete to the be CD guidelines	est of my knowledge , a general permit	and belief. I furthe or an (attached) alt	r certify that any pit or below- ernative OCD-approved plan
SIGNATURE	TITLE	Sr. Regulat		DATE 2/29/08
Type or print name David Stewart	E-mai	l address:	Tele	phone No. 432-685-5717
For State Use Only	r nemo	Pt Mt Ppt name	Rim	
APPROVED BY_ Chus William	TITI I	SLIMEVISORACEN	SRAL MANIPPY	MAR 0 6 2008

Conditions of Approval, if any:

