

RECEIVED

MAR 06 2008

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS OCD

WELL API NO. 30-025-11078 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓
6. State Oil & Gas Lease No. 8910138170 -

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

2. Name of Operator

OXY USA WTP Limited Partnership

3. Address of Operator

P.O. Box 50250 Midland, TX 79710-0250

4. Well Location

Unit Letter E : 1650 feet from the north line and 330 feet from the east line

Section 9 Township 24S Range 37E NMPM County Lea

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

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: CIT - TA Status ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

OXY USA WTP LP requests to temporarily abandon this well for possible future use.

TD- 3560' PBTD- 3554' Perfs- 3412-3550' Pkr/GIBP- 3338'

1. Notify BLM/NMOCD of casing integrity test 24hrs in advance.

2. RU pump truck 2/26/08 circulate well with treated water, pressure test casing to 520 # for 30 min.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 2/29/08

Type or print name David Stewart

E-mail address:

Telephone No. 432-685-5717

For State Use Only

APPROVED BY Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER TITLE _____ DATE MAR 06 2008

Conditions of Approval, if any:

