Submit 3 Copies To Appropriate District Office	State of New Energy, Minerals and I		Form C-103 Revised March 25, 1999		
District I 1625 N. French Dr , Hobbs, NM 87240	Energy, witherars and waturar resources		WELL API NO.		
District II 811 South First, Artesia, NM 87210	OIL CONSERVATION DIVISION		30-025-07741		
District III 1000 Rio Brazos Rd , Aztec, NM 87410	2040 South Pacheco		5. Indicate Type of Lease		
District IV	Santa Fe, N	M 87505	6. State Oil & Gas Lease		
2040 South Pacheco, Santa Fe, NM 87505			o. State off & Gas Lease	INO.	
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.)			7. Lease Name or Unit Agreement Name:  Warren McKee Unit		
1. Type of Well: Oil Well Gas Well Other Injector			wall on helice only		
2. Name of Operator	•			8. Well No.	
Oxy USA WTP LP  3. Address of Operator			202		
4008 N. Grimes PMB 269 Hobbs, New Mexico 88240 4. Well Location			9. Pool name or Wildcat Warren McKee		
Unit Letter;	1980 feet from the	East line and	1980 feet from the_	South line	
Section 7	Township 20S		NMPM Cour	nty Lea	
	10. Elevation (Show whe	ther DR, RKB, RT,  GR, et 3577'  DF	c.)		
11. Check A	Appropriate Box to Indi		Report or Other Data		
NOTICE OF INTI			SEQUENT REPORT	OF.	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL		G AND X	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB			
OTHER:		OTHER:			
12. 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 recompilation.					
All requirements have been	n met for final abandon	ment.			
RECEIVED					
FEB 1 1 2008				1	
		ľ	HOBBS OC	JUK B	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.					
SIGNATURE TO TO	T	TITLE HES Tech	DATE _	02/06/2008	
Type or print name Tony Summers			Telephone No.	575 - 397 - 8236	
(This space for State use)		***************************************			
APPROVED BYConditions of approval, if any:		TITLE	DATĘ		