

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>	WELL API NO. 30-025-07760
2. Name of Operator Oxy USA WTP LP	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 4008 N. Grimes PMB 269 Hobbs, New Mexico 88240	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>L</u> : <u>330</u> feet from the <u>West</u> line and <u>1650</u> feet from the <u>South</u> line Section <u>8</u> Township <u>20S</u> Range <u>38E</u> NMPM County <u>Lea</u>	7. Lease Name or Unit Agreement Name: Warren McKee Unit
	8. Well No. 102
	9. Pool name or Wildcat Warren McKee
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. 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: ☐

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 recompletion.

All requirements have been met for final abandonment.

RECEIVED
FEB 11 2008
HOBBS OCD

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Tony Summers TITLE HES Tech DATE 02/06/2008

Type or print name Tony Summers Telephone No. 575-397-8236

(This space for State use)

APPROVED BY OK TITLE 3-6-08 DATE 2/6/08
Conditions of approval, if any: