

RECEIVED

OIL CONSERVATION DIVISION

JUN 02 2008 20 South St. Francis Dr.

Santa Fe, NM 87505

HOBBS OCD

WELL API NO. 30-025-24927
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-43520
7. Lease Name or Unit Agreement Name: West Dollarhide Devonian Unit (2)
8. Well Number 119
9. OGRID Number 16696
10. Pool name or Wildcat Dollarhide; Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3178' GL
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 _____

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"/>	2. Name of Operator OXY USA Inc.
3. Address of Operator PO Box 4294 Houston, TX 77210	4. Well Location Unit Letter <u>H</u> : <u>2180</u> feet from the <u>N</u> line and <u>450</u> feet from the <u>E</u> line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3178' GL	

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Change of Operator and Well Name <input checked="" type="checkbox"/>	

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.

OPER. OGRID NO. 16696
PROPERTY NO. 304993
POOL CODE 18050
EFF. DATE 3/01/08
API NO. 30-025-24927

See Attachment

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 Elizabeth S. Bush-Ivie, P.E. TITLE Regulatory Team Leader DATE 5/29/08

Type or print name Elizabeth S. Bush-Ivie, P.E. E-mail address: _____ Telephone No. _____

For State Use Only
APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE JUN 18 2008
Conditions of Approval, if any: _____

The change of operator from Pogo to OXY required a name change of the well.

We request a name change back to: West Dollarhide Devonian Unit #119