

RECEIVEDState of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

DEC 16 2008

FILE IN TRIPPLICATE

OIL CONSERVATION DIVISION**DISTRICT I**

1625 N. French Dr., Hobbs, NM 88240

HOBBSOCD1220 South St. Francis Dr.
Santa Fe, NM 87505**DISTRICT II**

1301 W Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO 30-025-07484
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State Section 30
8 Well No 6
9 OGRID No. 017213
10 Pool name or Wildcat Bowers /7 Rivers

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name State Section 30
2 Name of Operator Oxy USA, Inc.	8 Well No 6
3 Address of Operator 1017 W. Stanolind Rd., Hobbs, NM 88240	9 OGRID No. 017213
4. Well Location Unit Letter M 660 Feet From The South 990 Feet From The West Line Section 30 Township 18-S Range 38-E NMPM Lea County	10 Pool name or Wildcat Bowers /7 Rivers
11. Elevation (Show whether DF, RKB, RT GR, etc) 3661' DF	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth of Ground Water _____ 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 <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 & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER Temporarily Abandon <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.

1. RU PU AND REV UNIT
2. CSG-50 #. PUMP 15 BBLS FRESH WTR DOWN TBG AND 40 BBLS DOWN CSG. WELL ON VAC.
3. SET CIBP @ 3140'. DUMP 20' OF CMT ON PLUG TO 3120'
4. RIH, TBG TO 3120'
5. CIRC HOLE W/ 80 BBLS FRESH WTR. TEST CSG TO 600#
6. CIRC 100 BBLS 10# PKR FLUID
7. RUN H-5 CHART TO 610#.
8. RD PU AND CLEAN LOCATION.

This Approval of Temporary
Abandonment Expires 12-18-2013

RU PU 10/15
RD PU 10/17

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

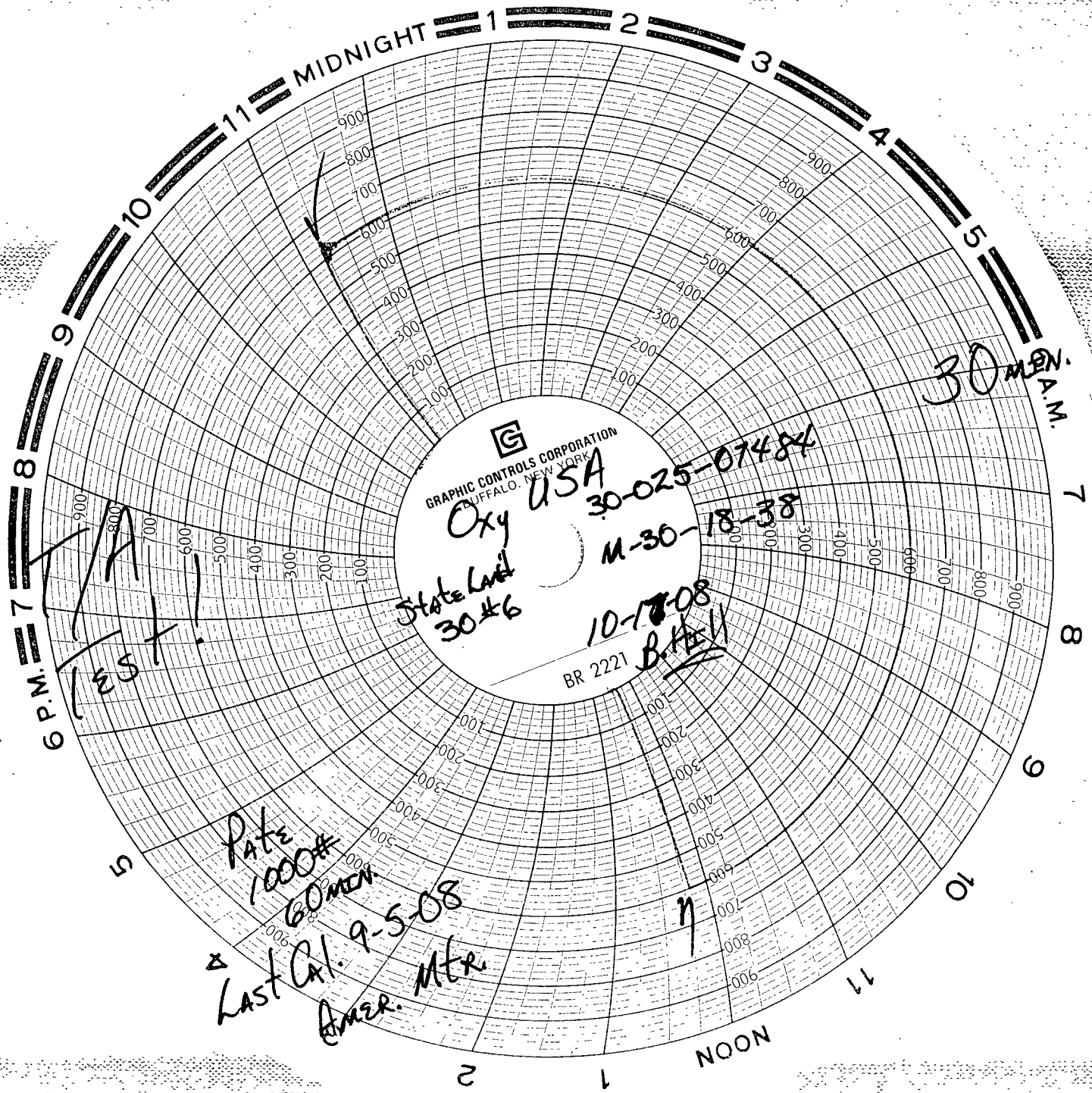
closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Rebecca L. Larmon TITLE Administrative Associate DATE 12/08/08
TYPE OR PRINT NAME Rebecca L. Larmon E-mail address: rebecca_larmon@oxy.com TELEPHONE NO 575-397-8247

For State Use Only

APPROVED BY [Signature] TITLE **OCD DISTRICT SUPERVISOR/GENERAL MANAGER** DATE DEC 18 2008

CONDITIONS OF APPROVAL IF ANY



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Oxy USA

30-025-07484

M-30-18-38

State Land
30#6

10-18-08

BR 2221

B.H.H.

Rate
1000#

60 MEN

Last Cal. 9-5-08

AMER. MTR.

30 MEN. A.M.