| Submit 3 Copies To Appropriate District | State of New Mexico | | Form C-103 | |
|--|--|--|--|---|
| Office District I | Energy, Minerals and Nat | ural Resources | | June 19, 2008 |
| 1625 N. French Dr. Hobbs NM 88240 | | | WELL API NO. | |
| DISTILL II WE A PER A PE | | 30-025-3791 | 4-00-00 | |
| | | 5. Indicate Type of Lease | | |
| 1000 Pio Brazos Pd. Aztes NKA 279161 (15) | | STATE FEE | □ Fea | |
| District IV | | | 6. State Oil & Gas Lease No. | • |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | A F | | | |
| | ES AND REPORTS ON WELL | 2 | 7. Lease Name or Unit Agree | ment Name |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name of Omit Agree. | ment ivanic |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | Mesa Verda 8 Fed. | |
| PROPOSALS.) | | | 8. Well Number #2 | |
| | as Well Other 🗸 | | | |
| 2. Name of Operator | | | 9. OGRID Number | |
| Oxy USA Inc. 3. Address of Operator | | | 16696 | |
| | | | 10. Pool name or Wildcat | |
| P.O. Box 50250 Midland, TX 79710 | | | Mesa Verde; Bone Springs | |
| 4. Well Location | | | | |
| Unit Lette 660 feet from | the 5° _ line and 330 feet: | from the E line | | |
| Section 8 Township | | NMPM | County: Lea | |
| | 11. Elevation (Show whether DE | | | |
| | 3767 OR | t, 100, 111, 01t, etc.) | | |
| Andrew in a second of the seco | | | A STATE OF THE STA | St. See St. |
| 12. Check Ap | propriate Box to Indicate N | Nature of Notice, 1 | Report or Other Data | |
| NOTICE OF INT | SEQUENT REPORT OF | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | | |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR | | | = | |
| | | · · · · · · · · · · · · · · · · · · · | L | |
| DOWNHOLE COMMINGLE | MOLTIPLE COMPL | CASING/CEMENT | JOB 📙 | |
| DOWNHOLL COMMINGLE | | | | |
| OTHER: | | OTHER: Vent | | |
| 0 | | | | |
| 13. Describe proposed or comple | ted operations. (Clearly state all | pertinent details, and | give pertinent dates, including | estimated date |
| of starting any proposed worl | x). SEE RULE 1103. For Multip | ole Completions: Att | ach wellbore diagram of propos | ed completion |
| or recompletion.: The vent st | arted 11-13-2008 at 4 pm, it was | stopped 11-24-08 at | 7am. The amount vented was 1 | 360 mcf. |
| This gas contains no H2S. | • • | 1. | | |
| | 1121 | Very Ille | W / | |
| | and the | 1 Ne Par | | |
| | Electroperations. (Clearly state and Electroperations). SEE RULE 1103. For Multiparted 11-13-2008 at 4 pm, it was a few forms of the state of the st | | | |
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| C1D-4 | 2: 21 2 | | | |
| Spud Date: | Rig Release D | ate: | | |
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| I hereby certify that the information at | | est of my knowledge | and belief. | |
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| | ove is true and complete to the b | , 0 | | |
| | 1 | , , | | ! |
| SIGNATURE / | ٠ () | LE: <u>HES Specialists</u> | DATE: <u>12-2-08</u> | 1 |
| | ٠ () | | DATE: <u>12-2-08</u> | 1 |
| Type or print name: Kelton Beaird | TIT | | _ | |
| | E-mail address: kelt | LE: <u>HES Specialists</u> on_beaird@oxy.com | PHONE: 575-3 | 90-1903 |
| Type or print name: Kelton Beaird For State Use Only | E-mail address: kelt | LE: <u>HES Specialists</u> on_beaird@oxy.com | PHONE: 575-3 | 90-1903 |
| Type or print name: Kelton Beaird | E-mail address: kelt | LE: <u>HES Specialists</u> | PHONE: 575-3 | |