Submit 3 Copies To Appropriate District Office District I State of New Me. Minerals and Nature	xico Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 87240	WELL AFT NO.
District II 1301 W. Grand Ave., Artesia, NM 884103 1 9 2011 CONSERVATION 1220 South St. Fra	DIVISION 30.025.05683 5. Indicate Type of Lease
District III	
1000 Rio Brazos Rd., Aztec, NM8200BBSOCD Santa Fe, NM 87	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	o. State Off & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WEL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101 PROPOSALS.)	R PLUG BACK TO A Fast Fumont Unit
1. Type of Well: Oil Well Sas Well Other	8. Well Number
2. Name of Operator OXY USA WTP Limited Partnership	9. OGRID Number 192463
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 50250 Midland, TX 79710-0250	Eumont Yates 7Rvr Qn
4. Well Location	
Unit Letter : 660 feet from the North	line and 660 feet from the west line
	Range 37E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water	
Pit Liner Thickness: mil Below-Grade Tank: Volumebbls; Construction Material	
NOTICE OF INTENTION TO:	Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: REMEDIAL WORK
TEMPORARILY ABANDON X CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND
	CASING TEST AND CEMENT JOB
OTHER: MIT - TA Status	OTHER:
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.	
OXY USA WTP LP requests to temporarily abandon this well for possible future use.	
TD- <u>3996</u> PBTD- <u>3843</u> Perfs- <u>3932-3984</u> Pkp/CIBP- <u>3878</u>	
1. Notify BLM/NMOCD of casing integrity test 24hrs in advance.	
2. RU pump truck, circulate well with treated water, pressure test casing to 500# for 30 min.	
I hereby certify that the information above is true and complete to the begrade tank has been/will be constructed or closed according to NMOCD guidelines	
SIGNATURE TITL	E Sr. Regulatory Analyst DATE Z(18/09
Type or print name David Stewart	ail address: Telephone No. 432-685-5717
For State Use Only	DISTRICT 1 SUPERVISOR FEB 2 0 2009
APPROVED BY Carny III. TITI	E DATE
Conditions of Approval, if any y:	Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart
