

Submit 3 Copies To Appropriate District

Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources
RECEIVED
OIL CONSERVATION DIVISION
FEB 12 2009
South St. Francis Dr.
Santa Fe, NM 87505
HOBSOCD

Form C-103
May 27, 2004

WELL API NO. 30-025-10947
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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 checked="" type="checkbox"/>	7. Lease Name or Unit Agreement Name: E.C. Hill D Federal
2. Name of Operator OXY USA Inc.	8. Well Number 1
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	9. OGRID Number 16696
4. Well Location Unit Letter <u>H</u> : <u>2131</u> feet from the <u>north</u> line and <u>660</u> feet from the <u>east</u> line Section <u>34</u> Township <u>23S</u> Range <u>37E</u> NMPM County <u>Lea</u>	10. Pool name or Wildcat Teague Simpson

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
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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 _____

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: MIT <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.

TD- 9290 PBTD- 9274 Perfs- 9114-9264 GIDP/Pkr- 8984

1. Notify BLM/NMOCD of casing integrity test 24hrs in advance.
2. RU pump truck 2136, circulate well with treated water, pressure test casing to 340 for 30 min.

DENIED
Pkr. > 100' Above
Perfs. 3-24-09
ZKH

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 David Stewart TITLE Sr. Regulatory Analyst DATE 2/10/09

Type or print name David Stewart E-mail address: david_stewart@oxy.com Telephone No. 432-685-5717

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

Conditions of Approval, if any:

