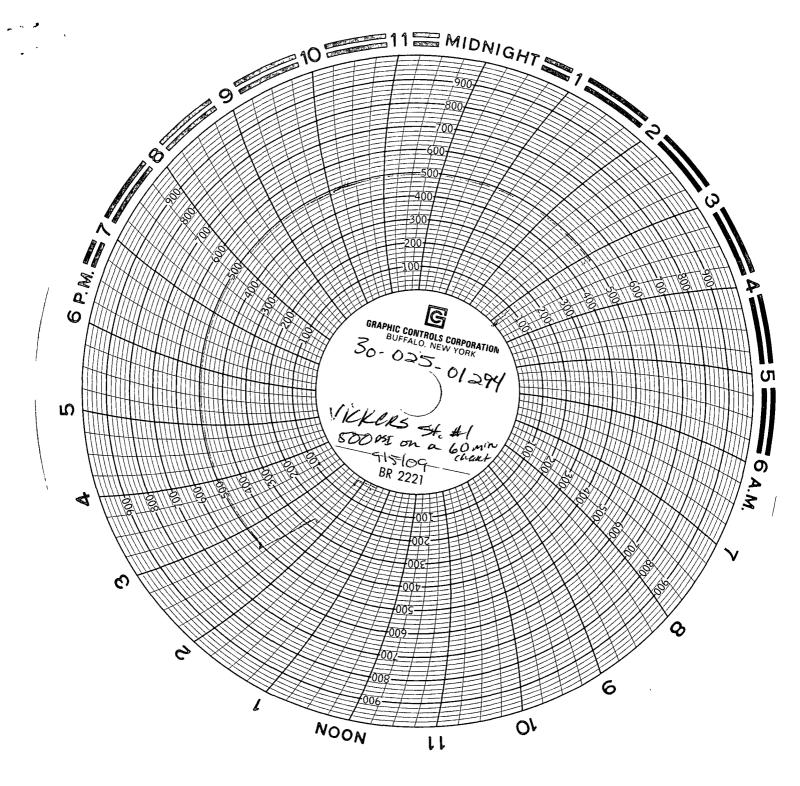
Office Submit 3 Copies To Appropriate District State Of New IMES			Form C-103
Encre v. Tyrincrais and ryatura	al Resources	WELL API NO.	May 27, 2004
District I 1625 N. French Dr., Hobbs, NM 87749 District II 1301 W. Grand Ave., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 874 SEP 1 8 2000 Santa Fe, NM 87505		30-025-0	
		5. Indicate Type of L	/
5 2003 Santa 10, 1111 67505		STATE X	FEE
1220 S. St. Francis Dr., Santa Fe, M&BBSOCD		6. State Oil & Gas L E-1388	ease 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.)		7. Lease Name or Ur Vickers State	nit Agreement Name:
1. Type of Well: Oil Well Gas Well Other		8. Well Number	
2. Name of Operator OXY USA Inc.		9. OGRID Number 16696	5
3. Address of Operator		10. Pool name or Wi	- I
P.O. Box 50250 Midland, TX 79710-0250 4. Well Location	- A	Maljamar Grayburg	1 San Andres
Unit Letter M: 330 feet from the SOUT	th line and	feet from	the west line
Section 4 Township 17S F	Range 33E		County Lea /
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4203' GR			
Pit or Below-grade Tank Application or Closure			
Pit type Depth to Groundwater Distance from nearest fresh			
Pit Liner Thickness: mil Below-Grade Tank: Volume	bbls; Construction	on Material	
12. Check Appropriate Box to Indicate NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐	•	SEQUENT REPO	
TEMPORARILY ABANDON	COMMENCE DRILL	ING OPNS.	PLUG AND ABANDONMENT
	CASING TEST AND CEMENT JOB		ABANDONIVIENT
OTHER:	OTHER: TA - Run	MIT	X
 Describe proposed or completed operations. (Clearly state all pert of starting any proposed work). SEE RULE 1103. For Multiple or recompletion. TD-4550' PBTD-4300' Perfs-4348-4400' CIBP- 		•	_
OXY USA Inc requests to temporarily abandon this well being evaluated.	•		-
 Notify NMOCD of casing integrity test 24hrs in advantage 		roval of Tempora	ary 9-21-2011
2. RU pump truck 9/5/09, circulate well with treated w	water, pressure t	est casing to 500#	for 30 min.
I hereby certify that the information above is true and complete to the			•
grade tank has been/will be constructed or closed according to NMOCD guidelines	, a general permit	or an (attached) alterna	ative OCD-approved plan
SIGNATURE I W TITL		tory Analyst D	PATE aliulog
Type or print name David Stewart	ail address:	david_stewart@oxy. Telepho	com one No. 432-685-5717
For State Use Only	DISTRICT 1	SUPERVISOR_	SEP 2:1 2009
APPROVED BY Conditions of Approval, if any:	LE	DA	TE



David Market