

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N French Dr., Hobbs, NM 87401  
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  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
May 27, 2004

**RECEIVED**  
**MAR 30 2010**  
**HOBSUCD**

WELL API NO. 30-025-06012 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Bertie Whitmire ✓
8. Well Number 2 ✓
9. OGRID Number 16696
10. Pool name or Wildcat Eumont Yates-7R-Qn (Gas) ✓

**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 checked="" type="checkbox"/> Other <input type="checkbox"/>	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3566' GR
2. Name of Operator OXY USA Inc.	
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	
4. Well Location Unit Letter <u>B</u> : <u>660</u> feet from the <u>north</u> line and <u>1980</u> feet from the <u>east</u> line Section <u>8</u> Township <u>20S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
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 ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐  
OTHER: ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒  
CASING TEST AND CEMENT JOB ☐  
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.

3/23/10 MIRU, NDWH, NUBOP. RIH & TAG CMT/CIBP @ 3110'  
3/24/10 CIRC HOLE W/ 10# MLF, SPOT 25SX CL C CMT @ 3110', CALC TOC @ 2962'  
PUH TO 2413', SPOT 35SX CL C CMT W/ 2% CACL2 @ 2413', PUH, WOC  
RIH & TAG CMT @ 2209', PUH TO 1128', SPOT 25SX CL C CMT W/ 2% CACL2, PUH, WOC  
RIH & TAG CMT @ 992', PUH TO 313' CIRC 55SX CL C CMT TO SURFACE, POOH  
NDBOP, TOP OFF CASING, RDMO

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
<http://www.tnmnr.state.nm.us/oed>

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 3/25/10

Type or print name David Stewart

E-mail address: david\_stewart@oxy.com  
Telephone No. 432-685-5717

**For State Use Only**

APPROVED BY [Signature] TITLE SAF MGR DATE 3-30-10

Conditions of Approval, if any: