Submit 3 Copies To Appropriate District Office State of New Mexico Energy, Minerals and Natural Resources	Form C-103 June 19, 2008
1625 N French Dr., Hobbs, NMP 46 C E V E D	WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-31071 / 5. Indicate Type of Lease '
1000 Rio Brazos Rd., Aztec, NM 8565 Santa Fe, NM 87505	STATE X FEE
1220 S. St. Francis Dr., Santa Feldobbsoco 87505	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.)	7. Lease Name or Unit Agreement Name: State BN /
1. Type of Well: Oil Well Gas Well Other SWD IN, WELL	8. Well Number
2. Name of Operator	9. OGRID Number
OXY USA Inc 3. Address of Operator	16696 10. Pool name or Wildcat
P.O. BOX 4294, HOUSTON, TX 77210	Mescalero- San Andres
4. Well Location	145
Unit Letter K : 1410 feet from the SOUTH line and	1405 feet from the WEST line
Section 14 Township 10S Range 32E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc. 4331	c.)
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLI	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JO	OB 📙
DOWNHOLE COMMINGLE L	
OTHER: MIT	X
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 Inc (OXY) was in the process of replacing a pin hole leak just under the main well valve on 9/3/2010. OXY had to replace the top joint and did not unseat the packer. NMOCD Hobbs office was notified upon completion of work which at this time OXY obtained a verbal approal to MIT the wellbore. Please find attached chart of successful MIT test for your approval. OXY will resume injection.	
MIT Results: Tested casing @ 520# for 40 mins.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Regulatory Analyst DATE 09/09/2010	
Type or print name <u>Jereme Robinson</u> E-mail address: PHONE 713.366.5360	
For State Use Only	
APPROVED BY TITLE TITLE Conditions of Approval (if any):	MGZ DATE 9-14-10

