

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

OCT 13 2010

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 3004110671

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

OG1617

7. Lease Name or Unit Agreement Name

Todd Lower San Andres Unit

8. Well Number 300

9. OGRID Number

16696

10. Pool name or Wildcat

Todd Lower SA Assoc

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 ☐ Gas Well ☒ Other Injection ☒

2. Name of Operator

Oxy USA Inc.

3. Address of Operator

1502 W. Commerce, Carlsbad, NM 88220

4. Well Location

Unit Letter J 1980 feet from the South line and 1980 feet from the East line

Section 30 Township 7S Range 36E NMPM

County Roosevelt

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

4140'

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 COMPL ☐DOWNHOLE COMMINGLE ☐

OTHER: Reclaim

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SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐

OTHER: Reclaim

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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.

All Hard Pan was removed on all locations and roads. These areas were then tested for TPH, BTEX, and Chlorides. Once verified that all levels were below acceptable limits, these areas were reclaimed by burying any soil not native for topsoil, ripped, and re-seeded with seeding native to this area. A flat plate was installed for the dry-hole marker

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 HES Specialist _____ DATE 9-17-10

Type or print name Kelton Beaird E-mail address: _____ PHONE: 575-628-4121

For State Use Only

APPROVED BY: _____ TITLE STAFF MGR DATE 10-18-10