Submit 3 Copies To Appropriate District Office	Energy Minerals and Natural Resources		Form C-103 June 19, 2008
District I Energy 1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 3002521045
625 N. French Dr., Hobbs, NM 88240 CONSERVATION DIVISION District III		5. Indicate Type of Lease	
District III 1000 Rio Brazos Rd, Aztec, NM 87410 OCT 1 5 2016220 South St. Francis Dr. Santa Fe, NM 87505		STATE STATE FEE 6. State Oil & Gas Lease No.	
District III 1000 Rio Brazos Rd , Aztec, NM 87410 OCT 1 5 2016 220 South St. Francis Dr. District IV 1220 S St. Francis Dr , Santa Fe, NM HOBBSOCD 87505			S 91017
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)			New Mexico E State
1. Type of Well: Oil Well Gas Well Other			8. Well Number 2
2. Name of Operator Oxy USA Inc.			9. OGRID Number 16696
3. Address of Operator			10. Pool name or Wildcat Mescalero San Andres
1502 W. Commerce, Carlsbad, NM 88220 4. Well Location			Mescaleio Sali Alidies
Unit Letter E 1980 feet from the _N_ line and _660 feet from the _W_line			
Section 26 Township 10S Range 32E NMPM County Lea			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4317'			
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 WORTEMPORARILY ABANDON CHANGE PLANS COMMENCE DR			_
PULL OR ALTER CASING MULTIPLE		CASING/CEMEN	
DOWNHOLE COMMINGLE			
OTHER: Reclaim ☑		OTHER: Recla	im
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 impacted material was removed. The area was ripped.			
	7		
Spud Date:	Rig Release Da	ate:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			
Type or print nameKelton Beaird E-mail address: PHONE: 575-628-4121 For State Use Only			
APPROVED BY: DATE /0-19-10			
Conditions of Approval (if any):			
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