

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

OCT 15 2010

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 3002521099

5. Indicate Type of Lease

STATE ☒FEE ☒6. State Oil & Gas Lease No.
S-91017

7. Lease Name or Unit Agreement Name

New Mexico E State

8. Well Number 4

9. OGRID Number

16696

10. Pool name or Wildcat

Mescalero San Andres

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 ☐

2. Name of Operator

Oxy USA Inc.

3. Address of Operator

1502 W. Commerce, Carlsbad, NM 88220

4. Well Location

Unit Letter F_1650 feet from the _N_ line and _1650 feet from the _W_ line

Section 26

Township 10S

Range 32E

NMPM

County Lea

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

4311'

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

☒

SUBSEQUENT REPORT OF:

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

OTHER: Reclaim

☒

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, area was ripped.

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 10-11-10

Type or print name Kelton Beard

E-mail address:

PHONE: 575-628-4121

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):