Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103
District I 1625 N French Dr., Hobbs, NM 88240	y, Minerals and Natu	ral Resources	June 19, 2008 WELL API NO. 3002529243
District II 1301 W Grand Ave, Artesia, NM 88 TO TO South St. Francis Dr.		5. Indicate Type of Lease	
1000 Pio Prazos Pd. Aztec NM 87410		STATE FEE	
District IV 1220 S St Francis Dr., Santa Fe, NM OCI 15 2010 Santa Fe, NNI 87303		6. State Oil & Gas Lease No.	
SUNDRY NO FICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(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			Central Corbin Queen
PROPOSALS) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other Injection ☐ ☐ ☐			8. Well Number 102
2. Name of Operator Oxy USA Inc.		9. OGRID Number	
3. Address of Operator		10. Pool name or Wildcat	
1502 W. Commerce, Carlsbad, NM 88220		Corbin Queen, Central	
4. Well Location Unit Letter H_1980 feet from the N_ line and _430 feet from the _E_line			
Section 9 Township 18S Range 33E NMPM County Lea			
11. Elevati	ion (Show whether DR,	RKB, RT, GR, etc	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 WOR			
TEMPORARILY ABANDON			
DOWNHOLE COMMINGLE	L COIWIFE	OAGING/OLIVIE	N1 305
OTHER: Reclaim		OTHER: Recl	aim
\boxtimes		\boxtimes	
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, caliche was buried area was returned to its natural state. The area was ripped and will be re-seeded			
in April of 2011.			
	7		
Spud Date:	Rig Release Da	nte:	
D]/ \		
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 10-19-10			
Conditions of Approval (if any):			