Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr , Hobbs, NM 88240
District II
1301 W Grand Ave , Artesia, NM 88210
District III
1000 Rio Brazos Rd , Aztec, NM 87410
District IV
1220 S St Francis Dr , Santa Fe, NM 87505

RECEIVED
OCT 15 2010
HOBBSOCD

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
June 19, 2008

WELL API NO. 3002529296

5. Indicate Type of Lease STATE ☐ FEE ☒

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
Central Corbin Queen

1. Type of Well: Oil Well ☒ Gas Well ☒ Other Inj.

8. Well Number 401

2. Name of Operator
Oxy USA Inc.

9. OGRID Number
16696

3. Address of Operator
1502 W. Commerce, Carlsbad, NM 88220

10. Pool name or Wildcat
Corbin Queen, Central

4. Well Location
Unit Letter C 660 feet from the N line and 1980 feet from the W line
Section 9 Township 18S Range 33E NMPM County ~~Eddy~~ Lea

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

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 DRILLING OPNS.	☐	P AND A	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPL	☐	CASING/CEMENT JOB	☐		
DOWNHOLE COMMINGLE	☐						
OTHER: Reclaim ☒				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, caliche was buried area was returned to its natural state. The area was ripped and will be re-seeded in April of 2011.

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 Beaird E-mail address: PHONE: 575-628-4121

For State Use Only

APPROVED BY: TITLE STAFF MGR DATE 10-19-10

Conditions of Approval (if any):