

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88201

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

Energy, Minerals and Natural Resources

June 19, 2008

RECEIVED

OCT 15 2010

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

HOBBSOCD

Santa Fe, NM 87505

WELL API NO. 3002529325

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Central Corbin Queen

8. Well Number 201

9. OGRID Number

146694

10. Pool name or Wildcat

Corbin Queen, Central

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 O 660 feet from the S line and 1980 feet from the E line

Section 4

Township 18S

Range 33E

NMPM

County 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:

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, 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):