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Submit One Copy To Appropriate District	State of New Me	exico		Form C-103
District I HOBBERGY, Minerals and Natural Resources		January 20, 2011		
1625 N. French Dr., Hobbs, NM 88240		WELL API 3002500024	/ / ·	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		1		
District III 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505			& Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM		S-9943		
SUNDRY NOTICES AND REPORTS ON WELLS		1	7. Lease Name or Unit, Agreement Name	
	(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		State AD	/ -
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Satoria		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other: Injection			8. Well Number 2	
2. Name of Operator		9. OGRID Number /		
Oxy USA Inc.		16696		
3. Address of Operator		10. Pool name or Wildcat		
PO Box 4294, Houston, TX 77210		Mescalero – San Andres		
4. Well Location			<u></u>	
Unit Letter I: 3300 feet from the South line and 660 feet from the East line				
Section 22 Township 10S Range 32E NMPM County Lea				
	11. Elevation (Show whether DR	· · · · · · · · · · · · · · · · · · ·)	
	4341'			
12. Check Appropriate Box to	Indicate Nature of Notice, F	Report or Other I	Data	
NOTICE OF IN				I REPORT OF: ☐ ALTERING CASING ☐
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR		S. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	1 308	
OTHER:		□ Location is relation □ Location is relation.	eady for OCE	inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the				
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR				
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR PERMANENTLY STAMPED ON THE MARKER'S SURFACE.				
PERMANENTLI STAMPED ON THE MARKER S SURFACE.				
☐ The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and				
other production equipment.				
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.				
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with				
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed				
from lease and well location. All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have				
to be removed.)				
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-				
retrieved flow lines and pipelines.				
☑ If this is a one-well lease or last remaining well on lease, all electrical service, poles and lines, not to include primary service				
company equipment, has been removed from lease and well location.				
When all work has been completed, return this form to the appropriate District office to schedule an inspection.				
	return this form to the appropriate	District office to sci		
SIGNATURE	return this form to the appropriate			
SIGNATURE	return this form to the appropriate	HES Specialist		
SIGNATURE TYPE OR PRINT NAME Kelton	return this form to the appropriate	HES Specialist	_DATE _3-2-	11 (
TYPE OR PRINT NAMEKelton For State Use Only	return this form to the appropriate	HES Specialist	_DATE _3-2- HONE: 575-6	11 (28-4121
TYPE OR PRINT NAME _ Kelton	return this form to the appropriate	HES Specialist	_DATE _3-2- HONE: 575-6	11 (