

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-21662
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B 5310
7. Lease Name or Unit Agreement Name Cockburn A State 8593
8. Well No. 4
9. Pool name or Wildcat Corbin Abo 13180

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. 16696	
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250	
4. Well Location Unit Letter B : 990 Feet From The North Line and 1980 Feet From The East Line Section 32 Township 17S Range 33E NMPM Lc4 County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: MIT - TA STATUS ☒

12. 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.

COCKBURN A STATE #4

TD-8820' PBTD-8814' PERFS-8632-8695' CIBP-8533'

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL FOR POSSIBLE FUTURE EXPANSION OF A WATERFLOOD UNIT.

MIRU PU 9/2/97, POOH W/ RODS, PUMP & TBG. RIH BIT & SCRAPER, CO TO 8568', POOH. RIH W/ CIBP & SET @ 8533', CH W/ FW, TEST CSG TO 540#, OK. CH W/ PKR FLUID, NDBOP, NUWH, RDPU 9/8/97. RU PUMP TRUCK 9/11/97, PRESSURE TEST CASING TO 560# FOR 30 MIN. NMOCD NOTIFIED BUT DID NOT WITNESS.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David Stewart TITLE Regulatory Analyst DATE 10/10/97
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNATURE
DISTRICT OFFICE

OCT 29 1997

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JC SG

da



