

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

DISTRICT II
P.O. STEWART DD, ALBUQUERQUE, NM 84210

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. | |
| 30-025-29124 | |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | E2439 |
| <div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 40px; width: 100%;"></div> | |
| 7. Lease Name or Unit Agreement Name | Cockburn & State |
| | 8594 |
| 8. Well No. | 7 |
| 9. Pool name or Wildcat | F-K Yates Tract On 12950 |

| 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 <i>Cockburn & State</i> |
|---|--------------|---|
| 1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 8. Well No. <i>8594</i> |
| 2. Name of Operator <i>OXY USA Inc.</i> | <i>16696</i> | |
| 3. Address of Operator <i>P.O. Box 50250 Midland, TX 79710-0250</i> | | 9. Pool name or Wildcat <i>E-K Yates Thrift Qu 19950</i> |
| 4. Well Location Unit Letter <i>G</i> : <i>1610</i> Feet From The <i>North</i> Line and <i>2020</i> Feet From The <i>East</i> Line Section <i>1</i> Township <i>18S</i> Range <i>33E</i> NMMP <i>Lea</i> 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 <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: _____ <input type="checkbox"/> | | OTHER: _____ <input type="checkbox"/> | |

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.

TD - 4300' PBTD - 4214' PERFS - 4116-4144' PKR/CIBP - _____

OXY USA INC. REQUESTS TO TEMPORARILY ABANDON THIS WELL

- 1) NOTIFY ~~BLM~~/NMOCD OF CASING INTEGRITY TEST 24 HRS IN ADVANCE.
- 2) RU PUMP TRUCK, CIRCULATE WELL WITH TREATED WATER, PRESSURE TEST CASING TO 500# FOR 30 MIN.

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 4/9/97
TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

ORIGINAL SIGNED BY JOHN C. GALT
 WASHINGTON, D. C.

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

| | |
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| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
OXY USA Inc.

Address
P. O. Box 50250, Midland, TX 79710

Reason(s) for filing (Check proper box)

| | | |
|---|---|---------------------------|
| <input type="checkbox"/> New Well | Change in Transporter of: | Other (Please explain) |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> Oil | Change of operator's name |
| <input checked="" type="checkbox"/> Change in Ownership | <input type="checkbox"/> Casinghead Gas | effective April 1, 1988 |
| | <input type="checkbox"/> Dry Gas | |
| | <input type="checkbox"/> Condensate | |

If change of ownership give name and address of previous owner Cities Service Oil & Gas Corp., P. O. Box 50250, Midland, TX 79710

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|---------------------|
| Lease Name Cockburn B-State | Well No. 7 | Pool Name, including Formation E-K Yates 7 Rvs. Queen | Kind of Lease State, Federal or Fee State | Lease No. E-2439 |
| Location Unit Letter <u>G</u> : <u>1610</u> Feet From The <u>North</u> Line and <u>2050</u> Feet From The <u>East</u> | | | | |
| Line of Section <u>1</u> Township <u>18S</u> Range <u>33E</u> , NMPM, <u>Lea</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>Koch Oil Company</u> | <u>P. O. Box 3609 - Midland, TX 79702</u> |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| <u>NA</u> | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rgs. Is gas actually connected? When |
| | <u>G</u> <u>1</u> <u>18S</u> <u>33E</u> |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

F. A. Vitran
(Signature) F. A. Vitran
District Operations Manager - Production
(Title)
March 15, 1988
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 25 1988, 19

BY Paul Kautz
Geologist
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

MAR 29 1988

OCD
HOBBS OFFICE