

ATTACHMENT C-103
 OXY USA INC.
 BYER B #4
 SEC 7 T20S R38E
 LEA COUNTY, NM

MIRU PU 12/6/00, NDWH, NUBOP, TEST TO 1500#, OK. RIH W/ BIT, SCRAPPER, TBG & TAG @ 6730'. PUMP 300gal XYLENE & 500gal 15% NeFe HCl. RIH & PERF 1SPF @ 5813-15, 23, 24, 60, 5861, 5902-05, 65, 5967, 6052-54, 64-6066, 6165-6168, 6270-6272', TOTAL 26 HOLES. RIH W/ BAKER PPI PKR & BREAK EACH PERF DOWN W/ 84gal 15% ACID, PUMP AWAY REMAING ACID, MAXP-3414, ISIP-1333#, REL PKR & POOH. SITP-200#, BLED WELL DOWN, RIH W/ BIG BORE LS PKR (5693') & 2-7/8" TBG, SWAB 30BW IN 2hrs. PUMP 1000gal 15% ACID & PRESSURED OUT, PUMP AN ADD'L 2000gal & PRESSURED OUT. SITP-1100#, OPEN WELL & BLED DOWN INSTANTLY, RU SWAB & RE 74BW IN 4hrs, WELL HAD 50# GAS BLOW @ THE END OF THE DAY. SITP-1200#, OPEN WELL TO PIT, BLED DOWN IN 2hrs, KILL WELL, REL PKR & POOH, RIH W/ RBP & SET @ 6040', POOH. RIH & PERF 2SPF @ 5804-6, 12, 18-22, 32-5838', TOTAL 32 HOLES. RIH W/ BAKER REL M PKR & SET @ 5698', TEST TO 1000#, OK. ACIDIZED 5000gal 15% PERCHEK ACID, MAXP-3568#, ISIP-1613#, RU SWAB & REC 36BW IN 2hrs. SITP-1000#, FRAC W/ 44302gal GELLED 2% KCL W/ 96860# 16/30 SAND, MAXP-8585#, ISIP-3516#. OPEN WELL TO TANK, FLWD BACK 1hr AND WELL DIED, REC 16BW. RU SWAB & REC 42BW IN 5 1/2 hrs W/ SLIGHT SHOW OF GAS. SITP-300#, WELL BLED DOWN IN 30min, SWAB 15BW IN 1hr AND WELL KICKED OFF FLWG, REC 10BO, 5BW, EST 886MCFD ON 19/64CHK, FFTP-420# IN 5hrs. ND BOP, NUWH, RDPU 1/2/01, PWO; 1/9/01 AND TEST AS FOLLOWS:

| HRS | FTP | GAS | OIL | WATER | CHOKE |
|-----|-----|------|-----|-------|-------|
| 24 | 340 | 1138 | 32 | 0 | 28/64 |
| 24 | 320 | 1080 | 72 | 0 | 28/64 |
| 24 | 320 | 1049 | 48 | 0 | 28/64 |
| 24 | 320 | 1016 | 48 | 16 | 28/64 |
| 24 | 310 | 981 | 48 | 4 | 28/64 |
| 24 | 300 | 938 | 56 | 0 | 28/64 |
| 24 | 320 | 656 | 31 | 0 | 30/64 |
| 24 | 265 | 925 | 50 | 0 | 30/64 |
| 24 | 265 | 925 | 50 | 2 | 30/64 |
| 24 | 300 | 800 | 58 | 0 | 30/64 |
| 24 | 340 | 700 | 40 | 0 | 30/64 |
| 12 | 250 | 300 | 87 | 0 | 30/64 |
| 24 | 260 | 896 | 34 | 0 | 30/64 |
| 24 | 180 | 877 | 65 | 0 | 30/64 |
| 24 | 160 | 930 | 80 | 0 | 30/64 |
| 24 | 160 | 821 | 66 | 0 | 30/64 |
| 24 | 170 | 743 | 63 | 0 | 30/64 |
| 24 | 180 | 708 | 66 | 0 | 30/64 |
| 24 | 200 | 674 | 52 | 0 | 32/64 |
| 24 | 280 | 541 | 69 | 0 | 32/64 |
| 24 | 250 | 542 | 63 | 0 | 32/64 |
| 24 | 290 | 557 | 49 | 0 | 32/64 |
| 24 | 160 | 727 | 69 | 0 | 32/64 |
| 24 | 160 | 755 | 58 | 0 | 32/64 |
| 24 | 190 | 716 | 52 | 0 | 32/64 |

NMOCD POTENTIAL TEST - 2/26/01

| HRS | FTP | GAS | OIL | WATER | CHOKE |
|-----|-----|-----|-----|-------|-------|
| 24 | 190 | 679 | 54 | 0 | 32/64 |

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Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

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|---|
| WELL API NO. 30-025-28708 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name: Byers B |
| 8. Well No. 4 |
| 9. Pool name or Wildcat Nadine Paddock Blinberry, West |

| | |
|--|--------|
| 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | |
| 2. Name of Operator OXY USA WTP Limited Partnership | 192463 |
| 3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250 | |
| 4. Well Location Unit Letter E : 2080 feet from the North line and 660 feet from the West line Section 7 Township 20S Range 38E NMPM Lea County | |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3588' | |

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 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"/> | MULTIPLE COMPLETION <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> | |
| OTHER: <input type="checkbox"/> | | OTHER: Recompletion <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

See other side

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 5/9/01

Type or print name DAVID STEWART Telephone No. 915-685-5717
(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____
Conditions of approval, if any:

2A W. Nadine Drinkard