

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Rec'd 05/18/2020 - NMOCD

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

| |
|---|
| WELL API NO. 30-015-28636 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. VA836 |
| 7. Lease Name or Unit Agreement Name H BUCK STATE |
| 8. Well Number 6 |
| 9. OGRID Number 16696 |
| 10. Pool name or Wildcat CEDAR CANYON; DELAWARE |

| | |
|--|--|
| 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 <input type="checkbox"/> | |
| 2. Name of Operator OXY USA INC. | |
| 3. Address of Operator PO BOX 4294, HOUSTON, TX 77210 | |
| 4. Well Location Unit Letter P : 330 feet from the SOUTH line and 660 feet from the EAST line Section 16 Township 24S Range 29E NMPM County EDDY | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2925' GR | |

12. 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"/> | P AND A <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | | | |
| CLOSED-LOOP SYSTEM <input type="checkbox"/> | | | |
| OTHER: <input type="checkbox"/> | | OTHER: <input type="checkbox"/> | |

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

2/18/20 MIRU. Remove pumping unit head, POOH with pump and rods.

2/19/20 NU BOP and function test, good test. POOH with tubing. RIH with CIBP.

2/20/20 Continue to RIH with CIBP and set @ 6150'. Pump 35sx class c cement, 1.32 yield. WOC. Tag @ 5322'.

2/21/20 RIH with CIBP and set @ 4824'. Pump 35sx class c cement, 1.32 yield. WOC. Tag @ 4384'. EOT @ 4140' and pump 32sx class c cement, 1.32 yield. WOC.

2/24/20 Tag cement @ 3642'. EOT @ 2980', pump 45sx class c cement, 1.32 yield. WOC. Tag @ 2470'. RIH with wireline and perf @ 460'.

2/25/20 Pump 250sx class c cement, yield 1.32. Confirmed cement to Surface. NDBOP & RDMO.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us

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 Leslie Reeves TITLE REGULATORY ADVISOR DATE 3/5/20

Type or print name LESLIE REEVES E-mail address: LESLIE_REEVES@OXY.COM PHONE: 713-497-2492

For State Use Only

APPROVED BY: Gilbert Cordero TITLE Staff MGR DATE 5/20/2020

Conditions of Approval (if any):