

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

NM OIL CONSERVATION
OIL CONSERVATION DIVISION
ARTESIA DISTRICT
1220 South St. Francis Dr.
Santa Fe, NM 87505
FEB 05 2018

RECEIVED

WELL API NO. 30-015-44507
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Corral Fly 02-01 State
8. Well Number 21H
9. OGRID Number 16696
10. Pool name or Wildcat Pierce Crossing Bone Spring, East

<p>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.)</p>	
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p>	
<p>2. Name of Operator OXY USA INC.</p>	
<p>3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710</p>	
<p>4. Well Location Unit Letter <u>D</u> : <u>1230</u> feet from the <u>NORTH</u> line and <u>120</u> feet from the <u>WEST</u> line Section <u>2</u> Township <u>25S</u> Range <u>29E</u> NMPM County <u>EDDY</u></p>	
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2997' GR</p>	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☒
OTHER: ☐

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.

12/30/17 RU BOP, test @ 250# low 5000# high, test 13-3/8" casing to 1500# for 30 min, good test. RIH & drill new formation to 445', perform FIT test to EMW=22ppg, 294psi, good test. 1/1/18 drill 12-1/4" hole to 8305', 1/8/18. RIH & set 9-5/8" 47# HCL-80 csg @ 8295', DVT @ 3158', ACP @ 3173' pump 80bbl mud push spacer then cmt w/ 648sx (298bbl) PPC w/ additives 10.2ppg 2.58 yield followed by 266sx (76bbl) PPC w/ additives 13.2ppg 1.58 yield, full returns throughout job, inflate ACP to 2151#, open DVT, circ thru DVT, circ 44sx (20bbl) cmt to surf. Pump 2nd stage w/ 80BFW spacer then cmt w/ 1454sx (432bbl) PPC w/ additives 13.6ppg 1.67 yield, full returns, drop cancellation plug, pressure up & close DVT, circ 640sx (190bbl) cmt to surface, WOC. Install pack-off, test to 5000#, good test. 1/10/18 RIH & tag DVT, drill out DVT, attempt 9-5/8" casing test to 1500#, pressure dropped to 750#, failed test, check for surface leaks, none found. Test 9-5/8" casing again to 980#, pressure dropped to 700#, contact drilling engineer, decision made to run packer to find casing leak. 1/11/18 RIH w/ packer & set @ 3000', test 9-5/8" casing from 3000' up, pressure to 3000# for 5 min, good test. Release packer & set @ 3190', test casing from 3190' up, pressure to 1230#, bled back to 930#, released packer. Tested 9-5/8" full string casing to 920# for 30 min with final pressure of 909#. RIH & drill new formation to 8315', perform FIT test to EMW=11ppg, 700psi, good test.

1/12/18 Drill 8-1/2" hole to 18990'M 9037'V 1/18/18. RIH w/ 5-1/2" 20# P110 liner csg @ 18980', TOL @ 8097'. Pump 60bbl mud push spacer then cmt w/ 1825sx (504bbl) PPC w/ additives 13.2ppg 1.38 yield, full returns throughout job, circ 217sx (60bbl) cmt to surf, TOC @ 8097', WOC. Install wellhead, test to 5000#, good test, ND BOP. RD Rel Rig 1/22/18.

Spud Date:

12/9/17

Rig Release Date:

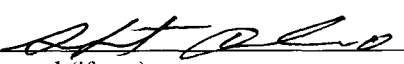
1/22/18

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

SIGNATURE  TITLE Regulatory Coordinator DATE 1/31/18

Type or print name Jana Mendiola E-mail address: janalyn_mendiola@oxy.com PHONE: 432-685-5936

For State Use Only

APPROVED BY:  TITLE Staff DATE 2-6-18
Conditions of Approval (if any):