

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  
**Oil Conservation Division**  
220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

**RECEIVED**  
MAR 14 2018

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-44508
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA INC.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710		7. Lease Name or Unit Agreement Name Corral Fly 02-01 State
4. Well Location Unit Letter <u>D</u> : <u>1265</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>		8. Well Number 22H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2996' GR		9. OGRID Number 16696
		10. Pool name or Wildcat Pierce Crossing Bone Spring, East

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 type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" 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.

2/7/18 Skid rig from Corral Fly 02-01 State 23H to Corral Fly 02-01 State 22H. RU BOP, test @ 250# low 5000# high, test 13-3/8" casing to 945# for 30 min, good test. RIH & drill new formation to 448', perform FIT test to EMW=24ppg, 340psi, good test. 2/9/18 drill 9-7/8" hole to 8222', 2/14/18. RIH & set 7-5/8" 26.4# L-80 csg @ 8212', DVT @ 3116', ACP @ 3133' pump 80bbl mudpush spacer then cmt w/ 552sx (249bbl) PPC w/ additives 10.2ppg 2.58 yield followed by 183sx (52bbl) PPC w/ additives 13.2ppg 1.58 yield, full returns, inflate ACP to 2000#, open DVT, circ thru DVT, circ. 23bbl mudpush spacer to surf. Pump 2nd stage w/ 50bbl mudpush express spacer then cmt w/ 876sx (264bbl) PPC w/ additives 13.6ppg 1.69 yield, full returns throughout job, drop cancellation plug, pressure up & close DVT, circ 365sx (110bbl) cmt to surface, WOC. Install pack-off, test to 5000#, good test. 2/17/18 RIH & drill out DVT, test 7-5/8" casing to 4400# for 30 min, good test. RIH & drill new formation to 8232', perform FIT test to EMW=13.5ppg, good test.

2/17/18 Drill 6-3/4" hole to 18875'M 9033'V 2/20/18. RIH & set 5-1/2" 20# P-110 DQX csg @ 18865-9227' and 5-1/2" 23# P-110 DQX-HT csg @ 9227-0'. Pump 113bbl mudpush express spacer then cmt w/ 784sx (197bbl) PPC w/ additives 13.2ppg 1.37 yield, full returns throughout job, observed 25bbl spacer back to surf, calc. TOC @ 7700', WOC. ND BOP, Install wellhead cap. RD Rel Rig 2/24/18.

Spud Date: 12/12/17 Rig Release Date: 2/24/18

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

SIGNATURE [Signature] TITLE Regulatory Coordinator DATE 3/12/18  
Type or print name Jana Mendiola E-mail address: janalyn\_mendiola@oxy.com PHONE: 432-685-5936  
**For State Use Only**  
APPROVED BY: [Signature] TITLE Staff Mgr DATE 3-14-18  
Conditions of Approval (if any):