Submit 1 Copy To Appropriate District

Office	State of New Mexico	Form C-103				
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013				
1625 N. French Dr., Hobbs, NM 88240	= 101 By,oraile and	WELL API NO.				
District_II - (575) 748-1283		30-015-42683				
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION					
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410		STATE 🛛 FEE 🗌				
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe, NM		VA-0836-0001				
87505		VI 0050-0001				
SUNDRY NOTIC	7. Lease Name or Unit Agreement Name					
(DO NOT USE THIS FORM FOR PROPOSA	Cedar Canyon 16 State					
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH						
PROPOSALS.)	NM OIL CONSERVATION	hat				
1. Type of Well: Oil Well 🛛 🖸	as Well Other ARTESIA DISTRICT	8. Well Number 12H				
2. Name of Operator	AITTEOIN DIOTHIO	9. OGRID Number				
OXY USA Inc.	NOV 07 2018	16696				
3. Address of Operator	1404 07 2010	10. Pool name or Wildcat				
P.O. Box 50250, Midland, Texas 797	710	Pierce Crossing; Bone Spring, East				
4. Well Location	RECEIVED	1 2				
4. Well Location	9 (ca 4 ca 1) ca ca					
Unit LetterM:_	900feet from the _SOUTH line and _860	feet from the _WESTline				
Section 15	Township 24S Range 29E	NMPM EDDY County				
	11. Elevation (Show whether DR, RKB, RT, GR, etc.)					
•	2926.4 GR					
And the second s		The second control of				

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

	NOTICE O	F IN I	ENTION TO:		SUBSEQUENT REPORT OF:			
PERFORM F	REMEDIAL WOR	Κ□	PLUG AND ABANDON		REMEDIAL WORK ☐ ALTERING CASING ☐			
TEMPORAR	ILY ABANDON		CHANGE PLANS		COMMENCE DRILLING OPNS. P AND A			
PULL OR AL	TER CASING		MULTIPLE COMPL		CASING/CEMENT JOB			
	COMMINGLE		<u>-</u>	_				
	OP SYSTEM							
OTHER:	0.0.0.	ш		n !	OTHER: Replace packer and tubing			
	ribe proposed or	complet	ted operations. (Clearly	state all n	ertinent details, and give pertinent dates, including estimated date			
of sta	arting any propose	ed work	(). SEE RULE 19.15.7.1	14 NMAC	For Multiple Completions: Attach wellbore diagram of			
	osed completion				The managed completions. Thusan well-ore diagram of			
F			p					
2/20/18 ND V	VH, NU BOP, un	seat pk	r and POOH w/ pkr. 272	the joint	s, and 9 gas lift valves. RIH w/thg, bit, and scraper to 8672'			
POOHw/ tbg.	2/20/18 ND WH, NU BOP, unseat pkr and POOH w/ pkr, 272 tbg joints, and 9 gas lift valves. RIH w/ tbg, bit, and scraper to 8672', POOHw/ tbg, bit, and scraper. RIH w/ 265 jts tbg and set pkr @ 8600', loaded csg w/ 100 BBLs, tested pkr to 500 psi for 10 minutes,							
					gauge, latch into pkr. NB BOP, tested wellhead flange to 10K			
psi, NU tree to	o flange. Set BPV	√in WF	I. removed casing valve.	. NU new	casing valve and removed BPV. Pressure tested wellhead to 5K			
					ld for 45 min. RU slickline, RIH, to 8612', pressure tbg to 300			
psi, ruptured o	lual disk, well we	nt on v	acuum. RD slickline. (2	2/27/18).	, p			
			`	,				
3/6/18 Conduc	cted MIT test, Mr	. Richa	rd Inge from the NMOC	D was pre	esent to witness. Pressured casing to 360 psi and held for 30			
minutes, good	test. Mr. Inge to	ok the	chart with him. Anticipa	ated first c	late of injection is 4/1/2018. (Injection authority pursuant to			
Order R-1432	2). Once injectio	n begin	s a subsequent sundry w	ill follow	detailing injection volume and pressure.			
	,	Ū	, ,		8			
	2/20/10				0/6/10			
Spud Date:	2/20/18		Rig R	elease Da	te: 3/6/18			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.								
i nereby certif	y mai me miorina	mon ao	ove is true and complete	; to the be	st of my knowledge and benef.			
•								
SIGNATURE	Saul n	-TOLO.	<i>(1)</i> TITE	C. Danula	A C			
SIGNATURE	, States 1, 14	nz.vec	1111	E_Regula	tory SpecialistDATE3/15/2018			
Tune or print name Sarah Mitaball E-mail address; south mitaball@ann.com DUONE: 422 600 4210								
Type or print name Sarah Mitchell E-mail address: sarah mitchell@oxy.com PHONE: 432-699-4318								
For State Use Only								
APPROVED BY: Kustin VIII TITLE Busines of Date 11-7-2018								
Conditions of Approval (if any).								
Conditions of Approva (if any):								