

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  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

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 10-01) FOR PROPOSALS.)		WELL API NO. 30-015-45523
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 type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA INC		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 4294, HOUSTON, TX 77210		7. Lease Name or Unit Agreement Name CAL MON 35 FEDERAL
4. Well Location Unit Letter B : 240 feet from the NORTH line and 2458 feet from the EAST line Section 35 Township 23S Range 31E NMPM EDDY County		8. Well Number #174H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3463 GL		9. OGRID Number 16696
		10. Pool name or Wildcat WILDCAT WOLFCAMP

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 checked="" 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 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.

Pursuant to the new horizontal rule 19.15.16.15, Oxy requests to amend the standard horizontal spacing unit to include tracts located within 330' of this well's completed interval.

Spud Date:

N/A

Rig Release Date:

N/A

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

SIGNATURE

*Sarah Chapman*

Type or print name: SARAH CHAPMAN

TITLE: REGULATORY SPECIALIST

E-mail address: SARAH\_CHAPMAN@OXY.COM

DATE: 01/07/2019

PHONE: 713-350-4997

For State Use Only

APPROVED BY:

*Raymond Rios*

TITLE: *Geologist*

DATE: *2-21-19*

Conditions of Approval (if any):