

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

Form C-103  
Revised July 18, 2013

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

<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. 30-015-29233
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>SWD</u>		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 P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name <u>Harroun 15</u>
4. Well Location Unit Letter <u>H</u> : <u>1657</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>east</u> line Section <u>15</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>Elly</u>		8. Well Number <u>3</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>2937'</u>		9. OGRID Number 16696
		10. Pool name or Wildcat <u>SWD Delaware</u>

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.

5/1-5/8/19

MIRU PU, Open well w/ 600#, flow back to tanks to attempt to bleed well down. SIP-600#. RIH w/ 1.375 bar & tag @ 3643', locate bottom of pkr @ 2994', POOH. RIH w/ 1.60 gauge ring, tag up @ 3000', Notified NMOC, M&P 10# MLF, M&P 50sx CL C cmt, WOC. RIH w/ WL & tag cmt @ 2982', POOH. RIH w/ 1.58 super cutter & cut tbg @ 2958', PUH. NDWH, NU BOP, circ hole w/ 10# MLF, M&P 25sx CL C cmt @ 2958', PUH, WOC. RIH w/ tbg & tag cmt @ 2626'. PUH to 1770', load well w/ 10# MLF, M&P 25sx CL C cmt, PUH, WOC. RIH & tag cmt @ 1355'. PUH & perf @ 554', had full circ to surface. POOH, ND BOP, NU-flange, M&P 120sx CL C cmt, circ cmt to surface, WOC. Verify cement to surface, RDPU.

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.cmrnd.state.nm.us/oed](http://www.cmrnd.state.nm.us/oed).

RECEIVED

Spud Date:

Rig Release Date:

MAY 17 2019

DISTRICT II-ARTESIA O.C.D.

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

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 5/14/19

Type or print name David Stewart E-mail address: david\_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY [Signature] TITLE Staff mg DATE 5/17/19  
Conditions of Approval (if any):