

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

WELL API NO. MULTIPLE
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 GORGE 12 13 FEDERAL COM
8. Well Number MULTIPLE
9. OGRID Number 16696
10. Pool name or Wildcat PIERCE CROSSING; BONE SPRING, EAST

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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator OXY USA INC	
3. Address of Operator 5 GREENWAY PLAZA SUITE 110, HOUSTON TX 77046	
4. Well Location	
Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line	
Section 12 Township 25S Range 29E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: SURFACE COMMINGLE – PLC 784F <input checked="" 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.

OXY USA INC requests approval to add the following wells to PLC 784F. These wells will be included in a currently approved pool of PIERCE CROSSING; BONE SPRING, EAST (96473) and the pending Bone Spring CAs in Sections 12 and 13 (W/2 W/2, W/2 E/2, E/2 W/2, E/2 E/2) that are approved in PLC 784F.

The facilities described in PLC 784F are unchanged – each facility has a sales-quality orifice meter (BLM gas FMP or equivalent meter) that continuously measures gas volume before it leaves the facility. Any commingling of wells upstream of these meters has been approved according to the Commingle Orders for each facility. Production upstream of the facility gas FMP or equivalent meter is allocated to each well based on well test.

This request is for gas production only. Oil production will be handled through an amendment to PLC 934 for Corral Bluff CTB (G-02-25S-29E).

CORRAL GORGE 12_13 FED COM #21H 30-015-55905
 CORRAL GORGE 12_13 FED COM #22H 30-015-55906
 CORRAL GORGE 12_13 FED COM #24H 30-015-55907
 CORRAL GORGE 12_13 FED COM #25H 30-015-55908

Spud Date:

Rig Release Date:

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

SIGNATURE Eric Fortier TITLE REGULATORY ENGINEER DATE 01/30/2025

Type or print name ERIC FORTIER E-mail address: ERIC_FORTIER@OXY.COM PHONE: 713.497.2203

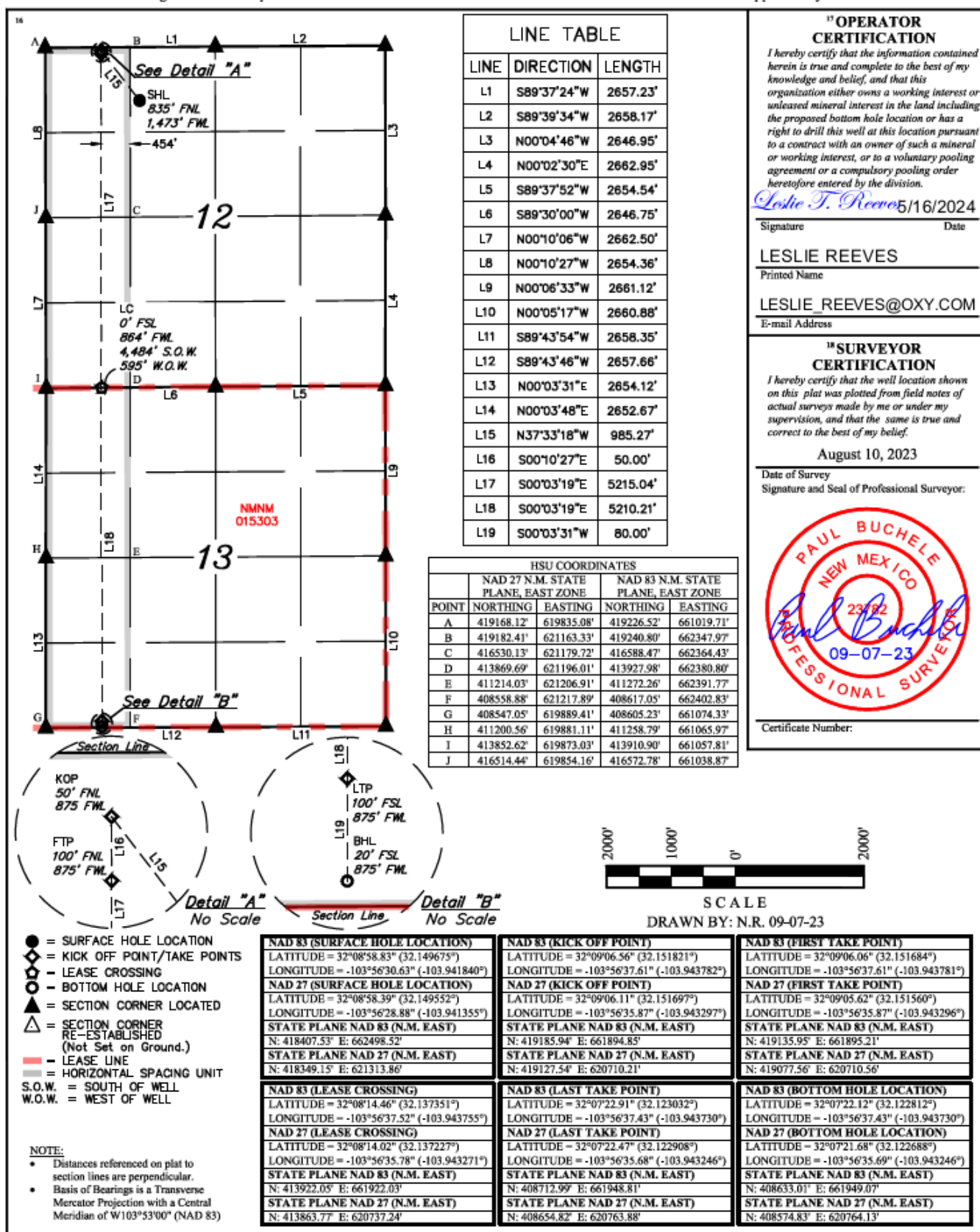
For State Use Only

APPROVED BY: Joseph Ollendick TITLE Petroleum Specialist DATE 02/05/2025

Conditions of Approval (if any):

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.



C-102 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION		Revised July 9, 2024	
	Submittal Type:	<input checked="" type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled		

WELL LOCATION INFORMATION

API Number 30-015- 55906	Pool Code 96473	Pool Name PIERCE CROSSING; BONE SPRING, EAST		
Property Code 328295	Property Name CORRAL GORGE 12-13 FEDERAL COM		Well Number 22H	
OGRID No. 16696	Operator Name OXY USA INC.		Ground Level Elevation	
Surface Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal			Mineral Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal	

Surface Location

UL C	Section 12	Township 25S	Range 29E	Lot	Ft. from N/S 835'FNL	Ft. from E/W 1503'FWL	Latitude 32.149676	Longitude -103.941743	County EDDY
----------------	----------------------	------------------------	---------------------	-----	--------------------------------	---------------------------------	------------------------------	---------------------------------	-----------------------

Bottom Hole Location

UL N	Section 13	Township 25S	Range 29E	Lot	Ft. from N/S 20'FSL	Ft. from E/W 2295'FWL	Latitude 32.122832	Longitude -103.939144	County EDDY
----------------	----------------------	------------------------	---------------------	-----	-------------------------------	---------------------------------	------------------------------	---------------------------------	-----------------------

Dedicated Acres 320	Infill or Defining Well DEFINING	Defining Well API	Overlapping Spacing Unit (Y/N) N	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL C	Section 12	Township 25S	Range 29E	Lot	Ft. from N/S 50'FNL	Ft. from E/W 2295'FWL	Latitude 32.151849	Longitude -103.939194	County EDDY
----------------	----------------------	------------------------	---------------------	-----	-------------------------------	---------------------------------	------------------------------	---------------------------------	-----------------------


First Take Point (FTP)

UL C	Section 12	Township 25S	Range 29E	Lot	Ft. from N/S 100'FNL	Ft. from E/W 2295'FWL	Latitude 32.151711	Longitude -103.939194	County EDDY
----------------	----------------------	------------------------	---------------------	-----	--------------------------------	---------------------------------	------------------------------	---------------------------------	-----------------------

Last Take Point (LTP)

UL N	Section 13	Township 25S	Range 29E	Lot	Ft. from N/S 100'FSL	Ft. from E/W 2295'FWL	Latitude 32.123052	Longitude -103.939144	County EDDY
----------------	----------------------	------------------------	---------------------	-----	--------------------------------	---------------------------------	------------------------------	---------------------------------	-----------------------

Unitized Area or Area of Uniform Interest	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation:
-------------------------------------------	----------------------------------------------------------------------------------------------------	-------------------------

OPERATOR CERTIFICATIONS <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> <i>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i> Leslie T. Reeves 12/12/2024 Signature Date LESLIE REEVES Printed Name LESLIE_REEVES@oxy.com Email Address		SURVEYOR CERTIFICATIONS <i>I hereby certify that the well location shown on the surveys made by me or under my supervision, and to my belief.</i> Signature and Seal of Professional Surveyor Certificate Number Date of Survey		"SURVEYOR CERTIFICATION" <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> August 10, 2023 Date of Survey Signature and Seal of Professional Surveyor:  Certificate Number:
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Note: No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.



C-102 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION	Revised July 9, 2024
	Submittal Type:	<input checked="" type="checkbox"/> Initial Submittal
		<input type="checkbox"/> Amended Report
		<input type="checkbox"/> As Drilled

WELL LOCATION INFORMATION

API Number 30-015- 55907	Pool Code 96473	Pool Name PIERCE CROSSING; BONE SPRING, EAST
Property Code 328295	Property Name CORRAL GORGE 12-13 FEDERAL COM	Well Number 24H
OGRID No. 16696	Operator Name OXY USA INC.	Ground Level Elevation 3147.4'
Surface Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal

Surface Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
A	12	25S	29E		867'FNL	1102'FEL	32.149638	-103.932994	EDDY

Bottom Hole Location

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	13	25S	29E		20'FSL	1780'FEL	32.122850	-103.935136	EDDY

Dedicated Acres 320	Infill or Defining Well DEFINING	Defining Well API	Overlapping Spacing Unit (Y/N) N	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
B	12	25S	29E		50'FNL	1780'FEL	32.151871	-103.935188	EDDY


First Take Point (FTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
B	12	25S	29E		100'FNL	1780'FEL	32.151748	-103.934703	EDDY

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Ft. from N/S	Ft. from E/W	Latitude	Longitude	County
O	13	25S	29E		100'FSL	1780'FEL	32.123070	-103.934653	EDDY

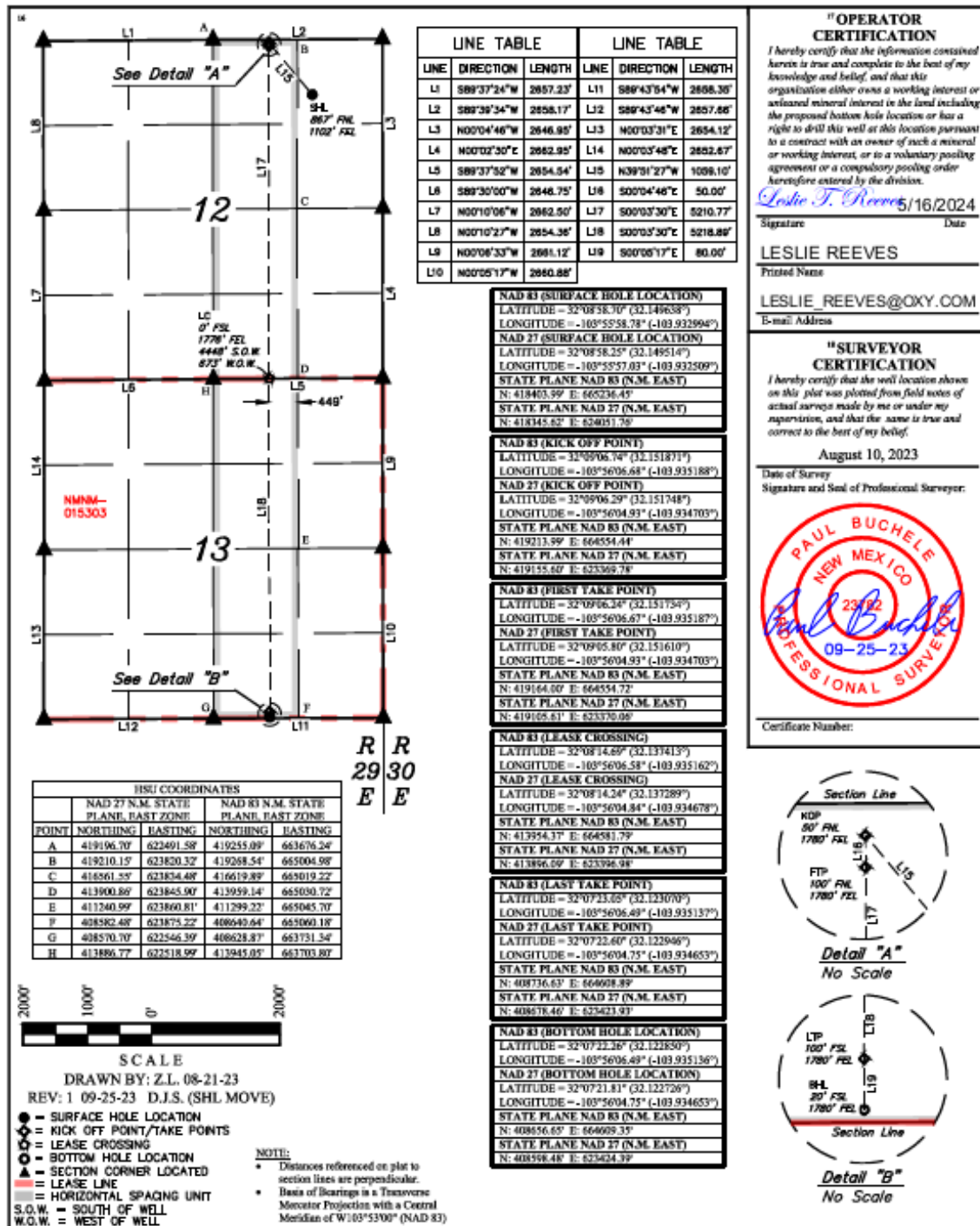
Unitized Area or Area of Uniform Interest	Spacing Unit Type <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation:
-------------------------------------------	-----------------------------------------------------------------------------------------	-------------------------

OPERATOR CERTIFICATIONS <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> <i>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i> <i>Leslie T. Reeves</i> 12/12/24 Signature _____ Date _____ LESLIE REEVES Printed Name _____ LESLIE_REEVES@oxy.com Email Address _____	SURVEYOR CERTIFICATIONS <i>I hereby certify that the well location shown on this surveys made by me or under my supervision, and that my belief.</i> Signature and Seal of Professional Surveyor _____ Certificate Number _____ Date of Survey _____	18 SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i> August 10, 2023 Date of Survey Signature and Seal of Professional Surveyor:  Certificate Number: _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Note: No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.



C-102 Submit Electronically Via OCD Permitting	State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION		Revised July 9, 2024	
	Submittal Type:	<input checked="" type="checkbox"/> Initial Submittal <input type="checkbox"/> Amended Report <input type="checkbox"/> As Drilled		

WELL LOCATION INFORMATION

API Number 30-015- 55908	Pool Code 96473	Pool Name PIERCE CROSSING; BONE SPRING, EAST	
Property Code 328295	Property Name CORRAL GORGE 12-13 FEDERAL COM		Well Number 25H
OGRID No. 16696	Operator Name OXY USA INC.		Ground Level Elevation 3147.5'
Surface Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal		Mineral Owner: <input checked="" type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Federal	

Surface Location

UL A	Section 12	Township 25S	Range 29E	Lot	Ft. from N/S 867'FNL	Ft. from E/W 1072'FEL	Latitude 32.149638	Longitude -103.932897	County EDDY
----------------	----------------------	------------------------	---------------------	-----	--------------------------------	---------------------------------	------------------------------	---------------------------------	-----------------------

Bottom Hole Location

UL P	Section 13	Township 25S	Range 29E	Lot	Ft. from N/S 20'FSL	Ft. from E/W 450'FEL	Latitude 32.122869	Longitude -103.930841	County EDDY
----------------	----------------------	------------------------	---------------------	-----	-------------------------------	--------------------------------	------------------------------	---------------------------------	-----------------------

Dedicated Acres 320	Infill or Defining Well DEFINING	Defining Well API	Overlapping Spacing Unit (Y/N) N	Consolidation Code
Order Numbers.			Well setbacks are under Common Ownership: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Kick Off Point (KOP)

UL A	Section 12	Township 25S	Range 29E	Lot	Ft. from N/S 50'FNL	Ft. from E/W 450'FEL	Latitude 32.151895	Longitude -103.930891	County EDDY
----------------	----------------------	------------------------	---------------------	-----	-------------------------------	--------------------------------	------------------------------	---------------------------------	-----------------------


First Take Point (FTP)

UL A	Section 12	Township 25S	Range 29E	Lot	Ft. from N/S 100'FNL	Ft. from E/W 450'FEL	Latitude 32.151757	Longitude -103.930891	County EDDY
----------------	----------------------	------------------------	---------------------	-----	--------------------------------	--------------------------------	------------------------------	---------------------------------	-----------------------

Last Take Point (LTP)

UL P	Section 13	Township 25S	Range 29E	Lot	Ft. from N/S 100'FSL	Ft. from E/W 450'FEL	Latitude 32.123089	Longitude -103.930842	County EDDY
----------------	----------------------	------------------------	---------------------	-----	--------------------------------	--------------------------------	------------------------------	---------------------------------	-----------------------

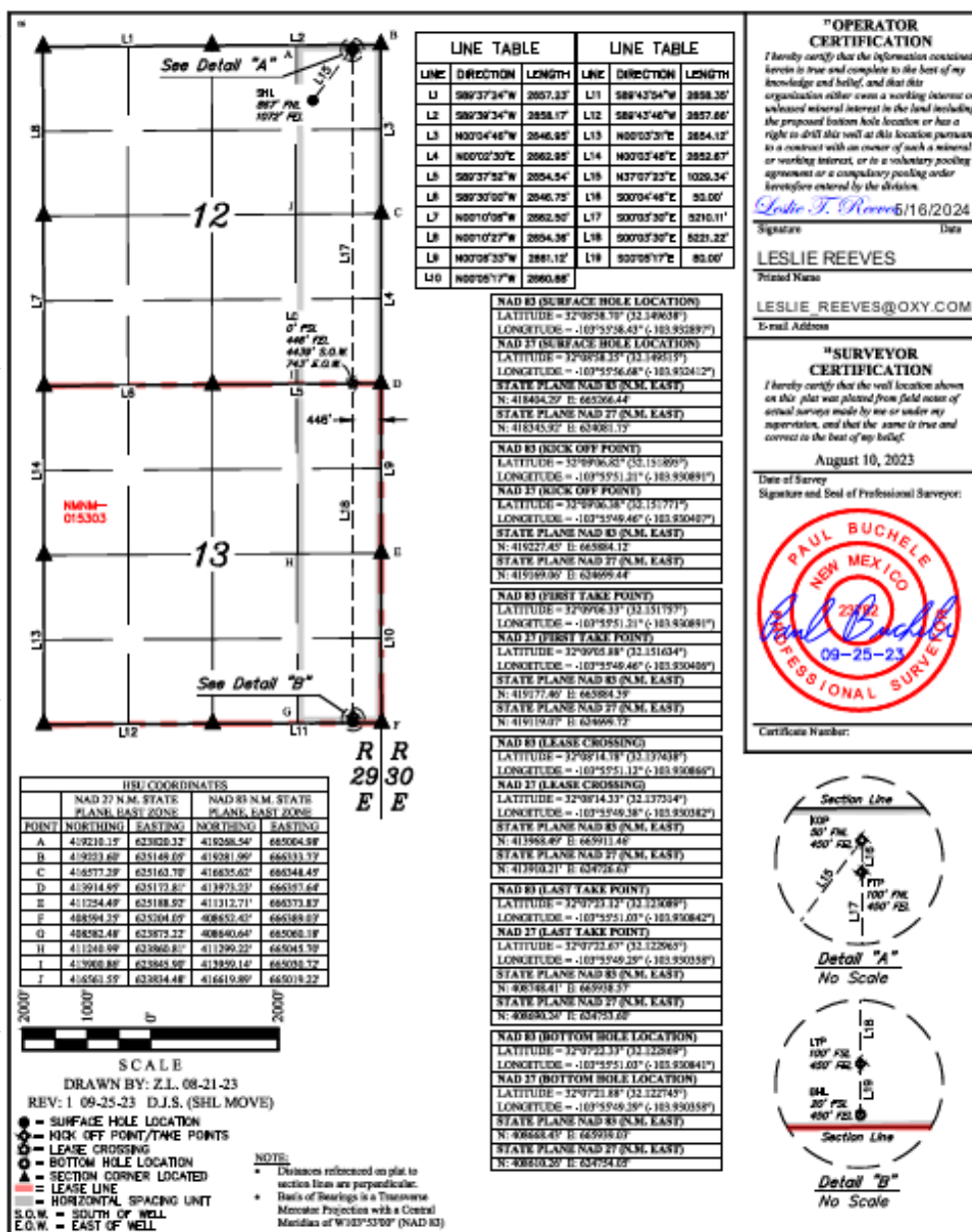
Unitized Area or Area of Uniform Interest	Spacing Unit Type <input checked="" type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	Ground Floor Elevation:
-------------------------------------------	----------------------------------------------------------------------------------------------------	-------------------------

OPERATOR CERTIFICATIONS <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and, if the well is a vertical or directional well, that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of a working interest or unleased mineral interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i> <i>If this well is a horizontal well, I further certify that this organization has received the consent of at least one lessee or owner of a working interest or unleased mineral interest in each tract (in the target pool or formation) in which any part of the well's completed interval will be located or obtained a compulsory pooling order from the division.</i> Leslie T. Reeves 12/12/24		SURVEYOR CERTIFICATIONS <i>I hereby certify that the well location shown on this surveys made by me or under my supervision, and that my belief.</i>	
Signature Date LESLIE REEVES		Signature and Seal of Professional Surveyor	
Printed Name LESLIE_REEVES@oxy.com		Certificate Number	Date of Survey
Email Address			

Note: No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

This grid represents a standard section. You may superimpose a non-standard section, or larger area, over this grid. Operators must outline the dedicated acreage in a red box, clearly show the well surface location and bottom hole location, if it is directionally drilled, with the dimensions from the section lines in the cardinal directions. If this is a horizontal wellbore show on this plat the location of the First Take Point and Last Take Point, and the point within the Completed interval (other than the First Take Point or Last Take Point) that is closest to any outer boundary of the tract.

Surveyors shall use the latest United States government survey or dependent resurvey. Well locations will be in reference to the New Mexico Principal Meridian. If the land is not surveyed, contact the OCD Engineering Bureau. Independent subdivision surveys will not be acceptable.

**"OPERATOR
CERTIFICATION"**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or a leased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Leslie T. Reeves 6/18/2024

Signature Date

LESLIE REEVES

Printed Name

LESLIE_REEVES@OXY.COM

E-mail Address

**"SURVEYOR
CERTIFICATION"**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

August 10, 2023

Date of Survey

Signature and Seal of Professional Surveyor:



Certificate Number:

Sante Fe Main Office
Phone: (505) 476-3441

General Information
Phone: (505) 629-6116

Online Phone Directory
<https://www.emnrd.nm.gov/ocd/contact-us>

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 428580

CONDITIONS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 428580
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

CONDITIONS

Created By	Condition	Condition Date
sarah.clelland	Please review the content of the order to ensure you are familiar with the authorities granted and any conditions of approval. If you have any questions regarding this matter, please contact me.	2/5/2025
sarah.clelland	Operator is missing the Facility information within the C-103X. Please ensure all future submittals contain the Facility information.	2/5/2025