

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

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

Form C-103
August 1, 2011
Permit 155686

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-39384
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator OCCIDENTAL PERMIAN LTD		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 4294, Houston, TX 77210		7. Lease Name or Unit Agreement Name MCHAM 34 STATE
4. Well Location Unit Letter <u>B</u> : <u>746</u> feet from the <u>N</u> line and <u>2275</u> feet from the <u>E</u> line Section <u>34</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3675 GR		9. OGRID Number 157984
10. Pool name or Wildcat		
Pit or Below-grade Tank Application ☐ or Closure ☐ Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 Other: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
 CASING/CEMENT JOB ☐
 Other: **Drilling/Cement** ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
 8/26/12 – SPUD 12 1/4" HOLE. DRILL TO 418'. 8/27/12 – RAN 9 5/8" SURFACE CASING @ 418'. CEMENTED W/ 350SX CLASS C 1.67YLD. NO CIR., RAN TEMP SURVEY. TOC @ 150'. PREFORMED 1" TOP CEMENT JOB. PUMPED 25SX CLEAN CEMENT W/ NO CIRCULATION AND PULLED 1" PIPE OUT OF HOLE. 8/28/12 – TAGGED TOC @ 132.46', PUMPED 25SX WITH 1", PULLED OUT OF HOLE. WOC, TAGGED TOC @ 105'. PUMPED 50SX W/ 1" & CIRCULATED 18SX TO SURFACE. PRESSURE TESTED CASING @ 640PSI FOR 30MINS – TESTED GOOD. BEGAN DRILLING 7 7/8" HOLE. 9/02/12 – DRILLPIPE STUCK @ 3601'. BEGAN JARRING. 9/03/12 – BACKED OFF TO 3291'. 9/04/12 – BACK IN W/ JA8/26/2012 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
08/27/12	Surf	FreshWater	12.25	9.625	36	J55	150	418	350	1.67	C		640		N
08/27/12	Surf	FreshWater	12.25	9.625	36	J55	0	418	100		CLEAN	150	640		N
09/15/12	Prod	Brine	7.875	5.5	17	L80	0	5223	1310	1.89	PREMIUM PL				N

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed _____ TITLE _____ DATE 10/2/2012
 Type or print name KAREN M SINARD E-mail address karen_sinard@oxy.com Telephone No. 713-366-5485

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 10/2/2012 11:18:34 AM