

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

WELL API NO. 30-025-34903
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 WEST DOLLAHIDE DEVONIAN UNIT
8. Well Number 122
9. OGRID Number 16696
10. Pool name or Wildcat DOLLARHIDE;DEVONIAN

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 ☐ Gas Well ☒ Other ☐ INJECTION WELL

2. Name of Operator
OXY USA INC

3. Address of Operator
5 GREENWAY PLAZA SUITE 110 HOUSTON, TX. 77046

4. Well Location
Unit Letter L : 2225 feet from the SOUTH line and 875 feet from the WEST line
Section 33 Township 24S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3179' GR

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 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 checked="" type="checkbox"/> MIT TEST	

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 YEAR UIC TEST DATED 09/24/2020

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

TITLE REGULATORY ENGINEER

DATE 12.29.2020

Type or print name SANDRA MUSALLAM

E-mail address: sandra_musallam@oxy.com

PHONE: 713.366.5106

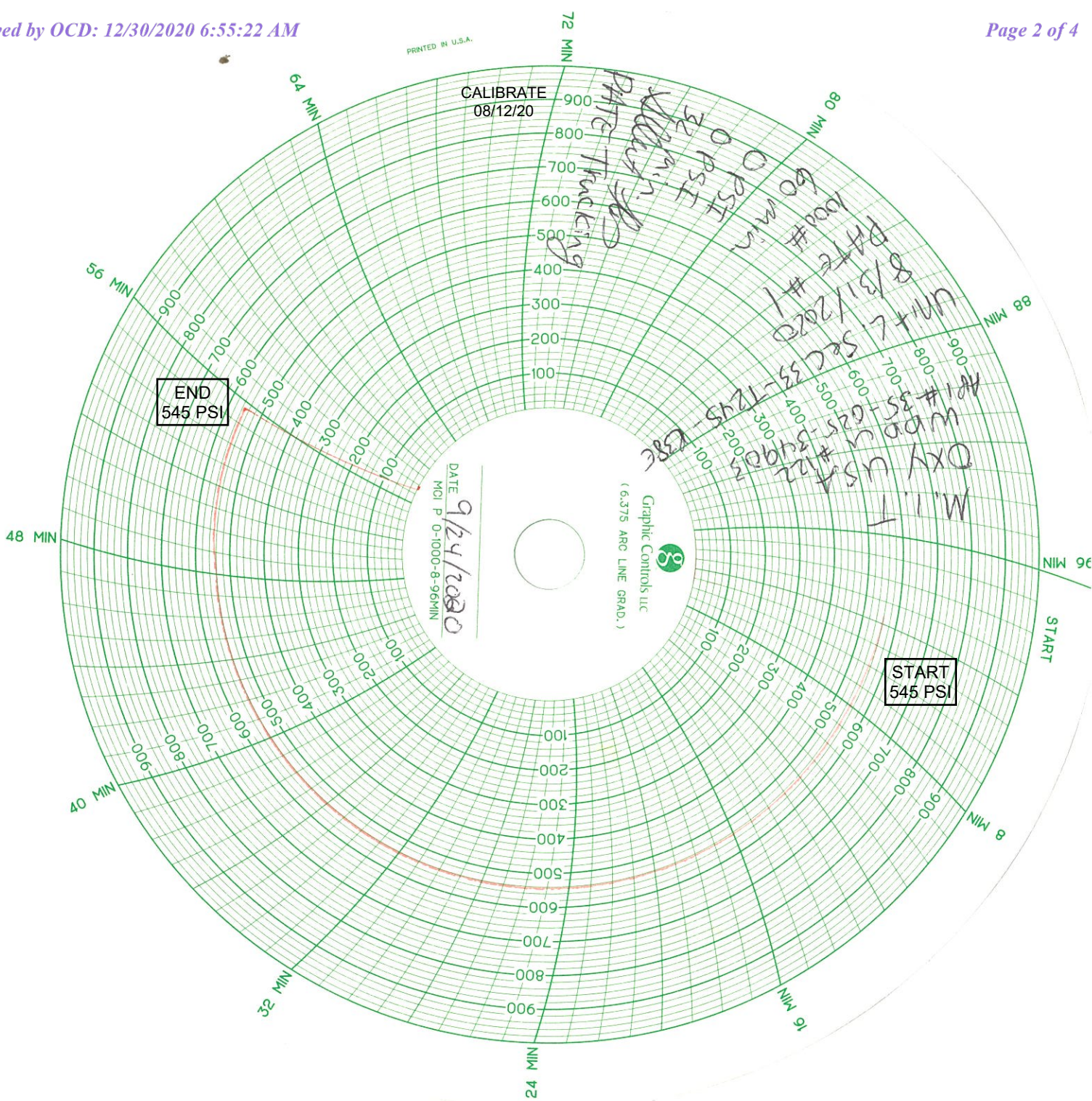
For State Use Only

APPROVED BY:

TITLE Compliance Officer A

DATE 2/11/21

Conditions of Approval (if any):



D.C. Meter Service

PO Box 869 Plains Hwy.

Denver City, TX 79323

806-592-2106

806-592-2107 fax

To: Pate Trucking Date: 8-12-2020

This is to certify that:

I Seth Grimes, meter technician for D.C. Meter

Service, have checked the calibration on the following instrument:

1000# Chart recorder

Serial Number: _____ at the following points:

0 - 25% ✓

0 - 50% ✓

0 - 75% ✓

0 - 100% ✓

Signed: Seth Grimes

Remarks:

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District IV
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Phone:(505) 476-3470 Fax:(505) 476-3462

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Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

CONDITIONS

Action 13298

CONDITIONS OF APPROVAL

Operator:	OXY USA INC	P.O. Box 4294	Houston, TX772104294	OGRID:	16696	Action Number:	13298	Action Type:	C-103Z
OCD Reviewer									Condition
kfortner									None