

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

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.)		WELL API NO. 30-025-44161
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 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 RED TANK 30 31 STATE COM
4. Well Location Unit Letter <u>A</u> : <u>200</u> feet from the North line and 270 feet from the East line Section <u>30</u> Township <u>22S</u> Range <u>33E</u> NMPM County <u>Lea</u>		8. Well Number 24Y
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660' GR		9. OGRID Number 16696
		10. Pool name or Wildcat RED TANK; BONE SPRING, EAST

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: Removed from Dedicated Separator <input checked="" 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.

Please disregard the C-103 signed on 8/2/2018 reporting that the subject well, Red Tank 30-31 State Com #24Y, has been removed from a dedicated production separator. At present the well remains on production through a dedicated separation unit and any changes in this configuration will be reported as per Order R-14299 for the Red Tank 30-31 State 5H CTB (CTB-841).

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 Robert K Wilson TITLE REGULATORY ENGINEER DATE 08/10/2018

Type or print name ROBERT K WILSON E-mail address: ROBERT_WILSON@OXY.COM PHONE: 713-985-6991

For State Use Only

APPROVED BY: Robert K Wilson TITLE Engineering Manager DATE 08/10/2018
Conditions of Approval (if any):