

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. 30-025-26976
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 NBR
8. Well Number 001
9. OGRID Number 16696
10. Pool name or Wildcat SWD BELL CANYON/CHERRY CANYON

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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD-1420-A	
2. Name of Operator OXY USA INC.	
3. Address of Operator PO BOX 4294, HOUSTON, TX 77210	
4. Well Location Unit Letter J : 1980 feet from the SOUTH line and 1980 feet from the EAST line Section 18 Township 22S Range 33E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3631'	

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 checked="" 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: MIT <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.

TD-15372' PBDT-6775' Perfs- 5030'-5960' CIBP- 3817'

5/4/17 – Check PSI tbq 0psi, csg 0psi, int csg 300psi. MIRU. RIH with plug and set at 5959'. Tested tubing at 1500psi, good test. Function tested BOP, good test. POOH with plug at 5959'.

5/5/17 – Check PSI on csg 0psi. Unseat packer and pull uphole with packer to 4693'. Loaded casing and tested to 500psi, got 100psi on intermediate. Perform test with intermediate valve open for 30 min, 500psi dropped to 490psi. Wait on plan forward.

5/8/17 – Check PSI tbq 0psi. Test csg to 500psi, 30 min, held. ND BOP. RIH with plug to 4697'. PSI test to 1500psi for 30 min, held. POOH with plug at 4697'. Pressure test chart ran to 500psi for 30 minutes. RDMO.

OXY was unable to locate the radial pressure chart performed in May 2017. A retest was performed in December 2017- Find the attached radial pressure chart for the subject well, 12/20/2017.

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 Leslie T. Reeves TITLE REGULATORY ADVISOR DATE 8/4/2020

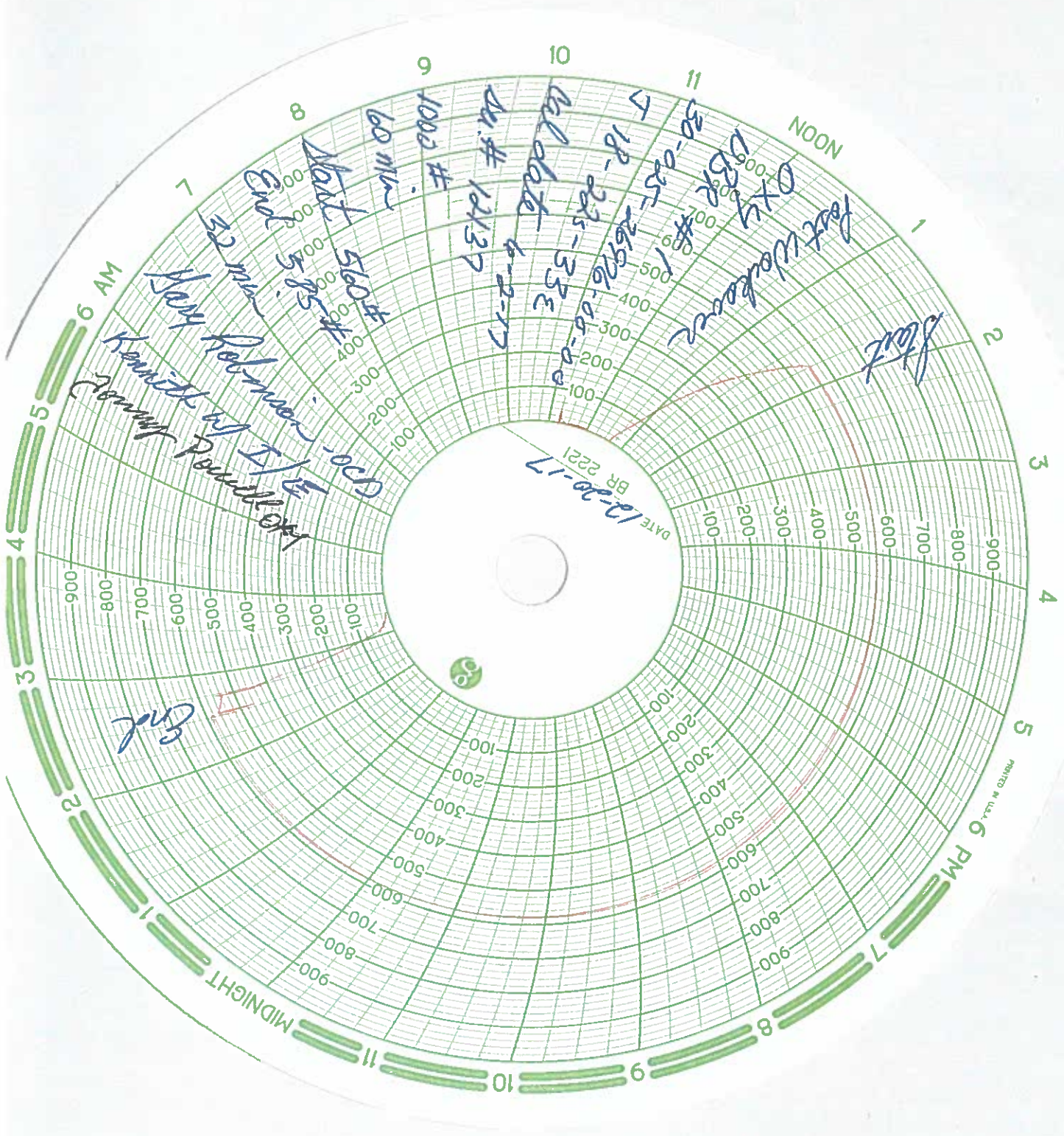
Type or print name LESLIE REEVES E-mail address: LESLIE_REEVES@OXY.COM PHONE: 713-497-2492

For State Use Only

APPROVED BY: P. Goetze TITLE Accepted for DATE 1/10/2021

Conditions of Approval (if any):

Record Only



Test Workarea
OX4
VBR #81
50-035-26916-00-00
18-23-35E
Cal date 6-2-17
W. # 12137
1000 #
60 m/hr
Test 510 #
End 5:05
32 m/hr
Test Workarea
Kawitz 11/15/17
Kawitz 11/15/17
Kawitz 11/15/17

DATE 12-20-17
BR 2221



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