

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. 30-015-32898
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-8096
7. Lease Name or Unit Agreement Name TDC 8 STATE
8. Well Number 001
9. OGRID Number
10. Pool name or Wildcat MILLMAN;YATES-SR-QN-GB-SA, 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 type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SALT WATER DISPOSAL	
2. Name of Operator OXY USA INC	
3. Address of Operator 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX. 77046	
4. Well Location Unit Letter <u>L</u> : <u>1650</u> feet from the <u>SOUTH</u> line and <u>330</u> feet from the <u>WEST</u> line Section <u>8</u> Township <u>19S</u> Range <u>29E</u> NMPM County <u>EDDY</u>	
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"/>	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"/>	INTENDED WELLWORK <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.

Goal: Identify if leak is in tubing, packer, or casing. If leak is in casing, will evaluate for P&A. If leak is in tubing or packer, will evaluate for TA or repair for injection.

1. RU wireline
2. Run in w/ plug to set in profile near EOT
3. Load tbq with fluid and pressure test with pump truck
4. If tbq leak is not found; leak is in packer or casing. Continue w/ procedure.
5. If tbq leak is found, continue w/ procedure.
 - a. Rig up at later date for further evaluation described below
 - b. POOH w/ tubing and packer
 - c. Test casing for integrity
 - d. Evaluate for TA for future use if casing leak is not found
 - e. Evaluate for P&A if casing leak is found
 6. Subsequent paperwork will be filed depending on test results

Request for 6-month extension denied - DM

OXY respectfully requests a 6-month extension to complete remedial work, based on extenuating circumstances.

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 [Signature] TITLE REGULATORY TECH II DATE 02.01.2021

Type or print name KIM HOFFMAN E-mail address: KIM_HOFFMAN@OXY.COM PHONE: 713.215.7314

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):