

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

Rec'd 05/18/2020 - NMOCD Form C-103

Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-43365
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name SCHUBERT 18
8. Well Number #004H
9. OGRID Number 16696
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3578' GL

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator OXY USA INC.	
3. Address of Operator PO BOX 4294, HOUSTON, TX 77210	
4. Well Location Unit Letter O : 245 feet from the SOUTH line and 2405 feet from the EAST line Section 18 Township 19S Range 39E NMPM County LEA	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3578' GL	

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: Temporarily Abandon & Perform 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.

Schubert 18 #004 – 30-025-43365  
TD-8955'MD/4574'TVD PBT-8811'MD' Perfs-4931' – 8789'MD

TA EXPIRES 03/16/2023

9-5/8" 36# csg @ 1759' w/ 660sx, 12-1/2" hole, TOC-Surf-Circ  
5-1/2" 17# csg @ 8955' w/ 1815 sx, 8-5/8" hole, TOC-~2900'

OXY USA Inc. respectfully requests to temporarily abandon this well. OXY is currently evaluating the uphole potential and therefore would like to TA the producing interval for future prospect and to remain in compliance.

2/25/20 MIRU. POOH with tubing. RIH with CIBP and set at 4860', dump bailed 35' of class c cement on top of CIBP. Tested casing to 500psi for 30 min, good test. 2/27/20 RDMO.

Notified NMOCD of casing integrity test. Performed casing integrity test 3/16/20. The test was witnessed. See the attached radial chart.

Spud Date: 9/8/2016

Rig Release Date:

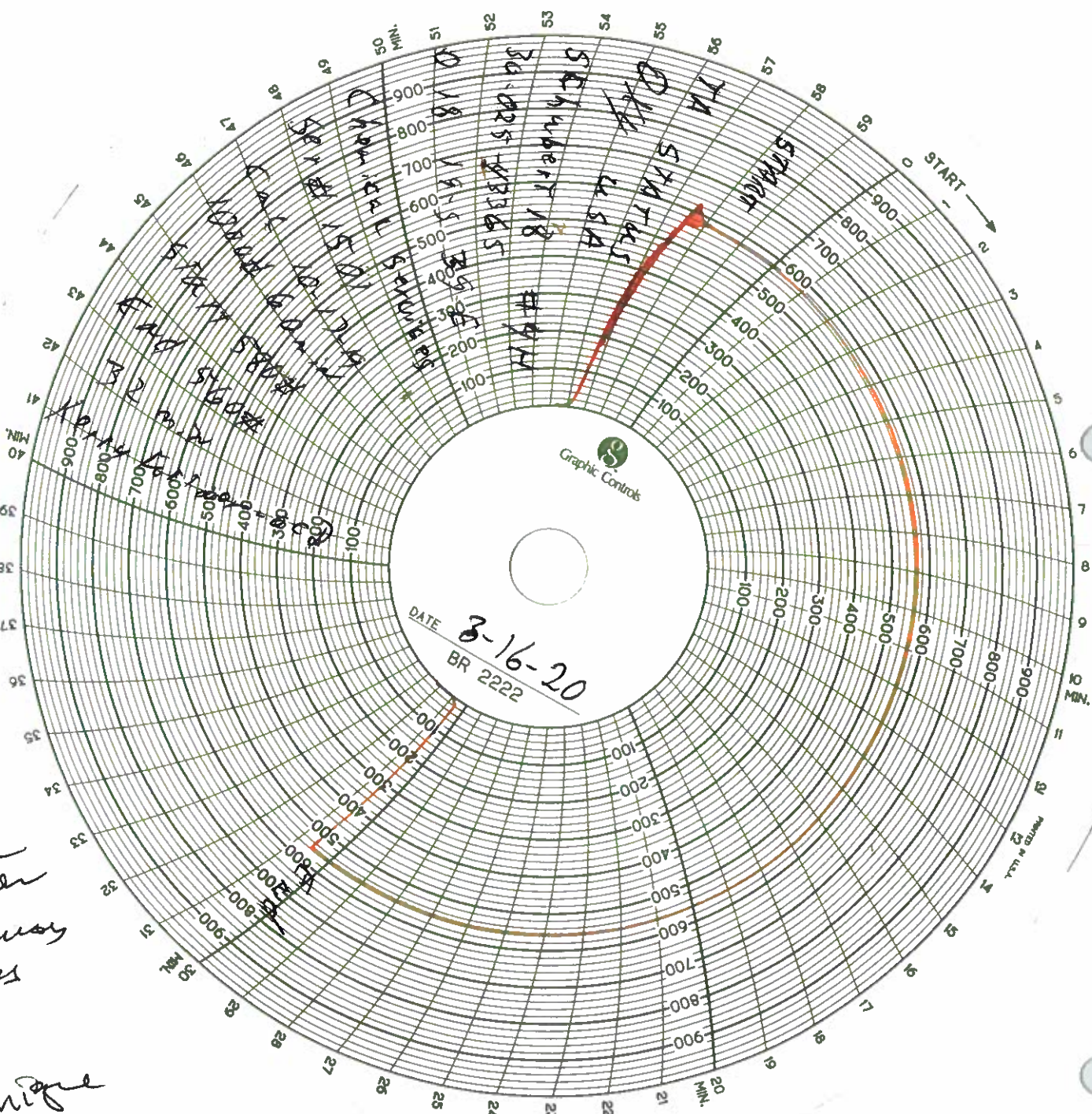
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Leslie T. Reeves TITLE REGULATORY ADVISOR DATE 03/18/2020

Type or print name LESLIE REEVES E-mail address: LESLIE\_REEVES@OXY.COM PHONE: 713-497-2492  
**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
Conditions of Approval (if any):

Accepted - NMOCD



West  
Kamer  
McLaurie  
Wes

Omique

State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name OXY USA INC		API Number 30-025-43365-0000	
Property Name SCHUBERT 18		Well No. 004H	

Surface Location									
UL - Lot O	Section 18	Township 19-S	Range 39-E		Feet from 245	N/S Line S	Feet From 2405	E/W Line E	County LEA

TA'D Well		SHUT-IN		INJECTOR		PRODUCER		DATE	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	INJ	SWD	<input checked="" type="checkbox"/> OIL	<input type="checkbox"/> GAS	3/16/20	

OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	0	NA	NA	0	7A
Flow Characteristics					
Puff	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	CO2 _____
Steady Flow	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	WTR _____
Surges	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	GAS _____
Down to nothing	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y / <input type="checkbox"/> N	If applicable type
Gas or Oil	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	fluid injected for
Water	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input type="checkbox"/> N	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	Waterflood

Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

TA STATUS Test

Chemical Services

scr# 1501

cal 10-17-19

S 580# E 560#

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: 3/16/20	Phone:		
Witness: KERRY FORTNER-OCD 575-263-6633			