| Submit I Copy To Appropriate District  | State of New Mexico                         | Form C-103  |
|--|---|---|
| Office <u>District I</u> – (575) 393-6161  1625 N. French Dr., Hobbs, NM 88240  District II. (575) 748, 1283   | ergy, Minerals and Natural Resources        | Revised July 18, 2013 WELL API NO.  |
| District II - (575) 748-1283   | IL CONCEDUATION DIVISION                    | 30-025-05847  |
| District II - (575) 748-1283<br>811 S. First St., Artesia, NM 88210<br>District III - (505) 334-6178 MAR 2 6 2014 O  | 1220 South St. Francis Dr.                  | 5. Indicate Type of Lease   |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | Santa Fe, NM 87505                          | STATE FEE 6. State Oil & Gas Lease No.  |
| District IV – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NARECEIVED<br>87505   | Sunta 1 0, 14141 0 7 3 0 3                  | 3935  |
| 07303  | D REPORTS ON WELLS                          | 7. Lease Name or Unit Agreement Name  |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PROPOSALS.)   | DRILL OR TO DEEPEN OR PLUG BACK TO A        | East Eumont Unit  |
| 1. Type of Well: Oil Well Gas Wel  | 1 Other Injection -TA                       | 8. Well Number 123  |
| 2. Name of Operator  |   | 9. OGRID Number   |
| OXY USA WTP Limited Partnership  3. Address of Operator  |   | 192463<br>10. Pool name or Wildcat  |
| P.O. Box 50250 Midland, TX 79710   |   | Eumont Yates 7RQn   |
| 4. Well Location   | •   | . /   |
| Unit Letter M: 560 feet from the south line and 560 feet from the west line  |   |   |
| Section Township 205 Range 37 E NMPM County Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |   |   |
| W. S. II. Ele  | vation (Show whether DR, RKB, R1, GR, etc   | .)  |
| CLAS AT SECTION OF THE PROPERTY OF THE PROPERT |   | 1 o hais and 1 manufactures and a second and a |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |   |   |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |   |   |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   |   |   |
| TEMPORARILY ABANDON  |   |   |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   I VI- 10   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   I VI- 10   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   I VI- 10   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   DOWNHOLE COMMINGLE   I VI- 10   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   DOWNHOLE   DOWNHOLE COMMINGLE   DOW |   |   |
| CLOSED-LOOP SYSTEM DYEAR EXT.  |   |   |
| OTHER: MIT-TA Extension oTHER:   |   |   |
| 13. Describe proposed or completed operations. (Clear State all pertinent details, and give pertinent dates, including estimated date  |   |   |
| of starting any proposed work). SEE RULE 19.15 A NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.   |   |   |
| TD- <u>16425'</u> PBTD-3667' Perfs/OH-3717-3815' CIBP-3667'  |   |   |
| !YR  |   |   |
| OXY USA WTP LP respectfully requests a 🕻 year extension on the temporary abandonment of this well for further evaluation of the waterflood unit  |   |   |
| OXY implemented a project in 2013 that consisted of revitalizing the northern (active) portion of the unit. OXY drilled and completed four new wells that decreased the Primary production spacing from 40 acre to 20 acre spacing. OXY is currently engaged in a program to continue to test  |   |   |
| the potential of the northern (active) portion of the unit as well as to test potential in the southern (inactive) portion of the unit. The continued  |   |   |
| program entails: monitoring the production on the 4 new wells; cleaning out and stimulating 3 injection wells to ensure sufficient flooding; and   |   |   |
| recompleting 4 wells in the South portion of the field to evaluate the potential of the inactive portion of the field. Also OXY has identified 10 wells (4 in the East Eumont Unit) to plug and abandon. From the results of the continued program, OXY will evaluate and determine the potential for  |   |   |
| reactivation of this well.   |   |   |
| 1. Notify NMOCD of casing integrity test 24hrs in  | n advance                                   |   |
| 2. RU pump truck, circulate well with treated wa   |   |   |
|  |   |   |
| Spud Date:   | Rig Release Date:                           |   |
|  |   |   |
| I hereby certify that the information above is t   | rue and complete to the best of my knowledg | ge and belief.  |
|  |   |   |
| SIGNATURE / SIGNATURE  | TITLE Sr. Regulatory Advise                 | DATE 3(24/14  |
|  |   |   |
| Type or print name <u>David Stewart</u> E-mail address: <u>david_stewart@oxy.com</u> PHONE: <u>432-685-5717</u>  |   |   |
| For State Use Only Malayk.   |   |   |
| APPROVED BY: Waley Stown TITLE Compliance Colice DATE 3/27/2014  |   |   |
| Conditions of Approval (if any):   | 1   | WAR 27 2014   |
|  |   | · ZU14 V  |

OXY USA WTP LP - Current East Eumont Unit #123 API No. 30-025-05847

