

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

HOBBS OGD

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

OCT 14 2015

RECEIVED

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. 30-025-32863
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 checked="" type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name C.D. Woolworth
4. Well Location Unit Letter <u>N</u> : <u>660</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>30</u> Township <u>24S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>9</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 16696
		10. Pool name or Wildcat Langlie Mattix TR QnGB Jalmar Tansill Yates TR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

E-PERMITTING <SWD INJECTION> CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> ENVIRO <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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. NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/1/2015 MIRU

10/2/2015 POOH w/ rods & pump, parted @ 1266'. NE BOP, start to POOH w/ tbg to rod part, attempt to unseat pump, back off rods, POOH w/ rods, then tbg. RIH w/ CIBP & set @ 3125'.

10/5/2015 RIH w/ tbg & tag CIBP @ 3125', circ well w/ 10# MLF, attempt to pressure to test csg. M&P 30sx CL C cmt, PUH, WOC. RIH & tag cmt @ 2825', PUH to 2758', M&P 25sx CL C cmt, PUH, WOC.

10/6/2015 RIH & tag cmt @ 2536', PUH to 1204', M&P 50sx CL C cmt, PUH, WOC. RIH & tag cmt @ 808'. RIH w/ pkr & found holes @ 528-491'. Rec approval Mark Whitaker to spot plug below holes. RIH to 808', M&P 25sx CL C cmt, POOH, WOC. RIH & tag cmt @ 730', POOH.

10/7/2015 EIR, M&P 135sx CL C cmt @ 491', circ to surface, visually confirmed. RD BOP, top off csg, RDPU.

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 David Stewart TITLE Sr. Regulatory Advisor DATE 10/8/15
Type or print name David Stewart E-mail address: david_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: Mark Whitaker TITLE Dist Supervisor DATE 10/19/2015
Conditions of Approval (if any):

OCT 20 2015