| Submit 1 Copy To Appropriate District Office | State of New M | I exico | Form C-103 |
|---|----------------------------------|--------------------------|--|
| District I - (575) 393-6161 | Energy, Minerals and Na | tural Resources | Revised July 18, 2013 |
| 1625 N. French Dr., Hobbs, NM 88240 | | 1 | WELL API NO. |
| District II – (575) 748-1283 811 S. First St., Artesia, NM 8821BBS OCUL CONSERVATION DIVISION District III – (505) 334-6178 | | N DIVISION | 30- 025 - 07795 5. Indicate Type of Lease |
| | | ancis Dr. | STATE FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 14 N 9 0 2017 Santa Fe, NM 87505 | | | 6. State Oil & Gas Lease No. |
| District IV – (505) 476-3460 AN 3 0 2 | J11 | | o. State on & Gas Bease 110. |
| 67303 | S AND REPORTS ON WELL | C | 7. Lease Name or Unit Agreement Name |
| (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 | | | Warnen Mckee Unit |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other | | | 8. Well Number |
| 2. Name of Operator | | | 9. OGRID Number |
| OXY USA WTP LP | | | 192463 |
| 3. Address of Operator | | | 10. Pool name or Wildcat |
| P.O. Box 50250 Midland, TX 79710 | | | Warren Mckee |
| 4. Well Location | | | |
| | 180 feet from the Sout | Ine and 60 | of feet from the Cast line |
| Section 1818 Township 205 Range 38 E NMPM County Lea | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| | 35 | 67' | |
| 10 Charles | | National Control D | |
| 12. Check Ap | propriate Box to Indicate I | Nature of Notice, R | eport or Other Data |
| NOTICE OF INT | | SUBS | EQUENT REPORT OF: |
| PERFORM REMEDIAL WORK ☐ I REMEDIAL WORK | | | ☐ ALTERING CASING ☐ |
| TEMPORARILY ABANDON [(INT TO PA COMMENCE DRIL | | | ING OPNS P AND A |
| PULL OR ALTER CASING P&A NR CASING/CEMENT JOB | | | |
| DOWNHOLE COMMINGLE | P&A R | | |
| CLOSED-LOOP SYSTEM | | | |
| OTHER: | ad amountings (Classic state all | OTHER: | ivo montinent detec includine estimated data |
| 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 MAC. For Multiple Completions: Attach wellbore diagram of | | | |
| proposed completion or recompletion. | | | |
| 1/16/2017 MIRU PU, Start to POOH w/ rods, pump stuck, hot water, work rods free, POOH. | | | |
| 1/17/2017 Continue to POOH w/ rods, no pump. ND WH, NU BOP, start to POOH w/ tbg. | | | |
| 1/18/2017 RIH w/ WL, shoot drain holes @ 2798', POOH. Continue to POOH w/ tbg. RIH w/ gauge ring & tag up at 8990', POOH. | | | |
| RIH & set CIBP @ 8990', POOH. Start to RIH w/ tbg to 5880'. | | | |
| 1/19/2017 Continue to RIH w/ tbg, tag CIBP @ 8990'. Circ hole w/ 10# MLF, M&P 25sx CL H cmt, calc TOC @ 8535'. PUH to 6918', M&P 35sx CI H cmt, PUH, WOC. | | | |
| 1/20/2017 RIH w/ tbg & tag cmt @ 6147', PUH to 5423', M&P 25sx CL C cmt w/ 2% CaCl2, PUH, WOC. RIH w/ tbg & tag cmt @ | | | |
| 4913', PUH to 4083', M&P 55sx CL C cmt w/ 2% CaCl2, PUH, WOC. | | | |
| 1/23/2017 RIH & tag cmt @ 3445', POOH. RIH & set pkr @ 2165'. RIH & perf @ 2610', EIR @ 2bpm w/ full returns up 5-1/2" X 8- | | | |
| 5/8", M&P 40sx CL C cmt w/ 2% CaCl2, SI WOC. Rel pkr, RIH & tag cmt @ 2500', PUH & set pkr @ 1080', RIH & perf @ | | | |
| 1500', EIR @ 2bpm w/ full returns up 5-1/2" X 8-5/8", M&P 60sx CL C cmt w/ 2% CaCl2, SI, WOC. 1/24/2017 Rel pkr, POOH. RIH w/ tbg & tag cmt @ 1305', POOH. RIH & perf 5-1/2" & 8-5/8" csg @ 347', RIH & set pkr @ 30', EIR w/ | | | |
| 1/24/2017 Rel pkr, POOH. RIH w/ tbg 8 | tag cmt @ 1305', POOH. RIH | & perf 5-1/2" & 8-5/8" o | esg @ 347', RIH & set pkr @ 30', EIR w/ |
| off csg w/ cmt, RDPU. | P 2255X CL C cmt, circ cmt sun | on all strings, visually | confirmed. POOH w/ pkr, ND BOP, top |
| Spud Date: | Rig Releas | Approved for Plugo | ing of wellbore only. Liability |
| | | under bond is retain | ned pending restoration and |
| | | completion of the C | -103, Specific for Subsequent |
| I hereby certify that the information about | ove is true and complete to t | Report of Well Plug | ging, which may be found on |
| | | the OCD web page | under forms. |
| CICNATURE (. G | | G D 1: 41: | DATE 1/25/17 |
| SIGNATURE // w Shy | TITLE | Sr. Regulatory Adviso | DATE 1/25/17 |
| Type or print nameDavid Stewart | E-mail address: | _david_stewart@oxy. | com PHONE: _432-685-5717 |
| For State Use Only | | | |
| NI DIN | itala TITLE P.E | S | DATE 01/30/2017 |
| APPROVED BY: | TITLE 1.F | . 3/ | DATE OI SUI 201 7 |
| Conditions of Approval (if any): | | | |