

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. 30-025-44161
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Red Tank 30-31 State Com
8. Well Number 24Y
9. OGRID Number 16696
10. Pool name or Wildcat Red Tank; Bone Spring, 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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	HOBBS OCD JAN 02 2018 RECEIVED
2. Name of Operator OXY USA INC.	
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710	
4. Well Location Unit Letter <u>A</u> : <u>200</u> feet from the <u>NORTH</u> line and <u>270</u> feet from the <u>EAST</u> line Section <u>30</u> Township <u>22S</u> Range <u>33E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660' GR	

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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input 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.

11/24/17 drill 12-1/4" hole to 6880', 11/28/17. RIH & set 9-5/8" 47# L-80 BTC csg @ 6867', pump 20BFW spacer w/red dye then cmt w/ 2015sx (1007bbl) PPC w/ additives 11ppg 2.8 yield followed by 370sx (87bbl) PPC w/ additives 14.8ppg 1.33 yield, circ 1140sx (570bbl) cmt to surface, WOC. Install pack-off, test to 5000#, good test. 11/30/17 Pressure test csg to 4700# for 30 min, good test. Drill new formation to 6890', perform FIT test EMW=8.4ppg, 680psi, good test.

11/30/17 Drill 8-1/2" hole to 20600'M 10863'V 12/13/17. RIH & set 5-1/2" 20# P-110 csg @ 20590'. Pump 40BFW spacer then cmt w/ 560sx (282bbl) PPC w/ additives @ 11ppg 2.8 yield followed by 1700sx (498bbl) PPH w/ additives @ 13.2ppg 1.65 yield, calc. TOC @ 8417', WOC. ND BOP, Install wellhead cap. RD Rel Rig 12/17/17.

*Provide csg pressure test next Sunday*

Spud Date:

11/21/17

Rig Release Date:

12/17/17

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

SIGNATURE [Signature] TITLE Regulatory Coordinator DATE 12/24/17

Type or print name Jana Mendiola E-mail address: janalyn\_mendiola@oxy.com PHONE: 432-685-5936

**For State Use Only**

APPROVED BY: [Signature] TITLE Staff Mgr DATE 2-20-18

Conditions of Approval (if any):