

HOBBS OGD

APR 25 2018

RECEIVED

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-32486

5. Indicate Type of Lease

STATE ☐ FEE ☐ FD ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Baylus Cade Federal

8. Well Number

5

9. OGRID Number

16696

10. Pool name or Wildcat

Teague Simpson

## 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 ☐ Gas Well ☐ Other Injection

2. Name of Operator

OXY USA Inc.

3. Address of Operator

P.O. Box 50250 Midland, TX 79710

4. Well Location

Unit Letter N : 985 feet from the south line and 1650 feet from the west line

Section 35 Township 23S Range 37E NMPM County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3244

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: MIT ☒

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.

TD- 9880' PBTD- 9800' Perfs- 9408-9536' Pkr- 9244'

1. Notified NMOCD of casing integrity test 24hrs in advance.

2. RU pump truck 4/11/18, circulate well with treated water, pressure test casing to 580 # for 30 min.

Witnessed by Gary Robinson-NMOCD

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

TITLE Sr. Regulatory Advisor

DATE 4/17/18

Type or print name David Stewart

E-mail address: david\_stewart@oxy.com

PHONE: 432-685-5717

For State Use Only

APPROVED BY:

TITLE Compliance Officer

DATE 5/5-3-18

Conditions of Approval (if any):



