

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 August 1, 2011

NOV 26 2018
RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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. 30-025-05588
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: Injection		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Oxy USA WTP		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name East Eumont Unit
4. Well Location Unit Letter <u>E</u> : <u>1930</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>West</u> line Section <u>10</u> Township <u>19S</u> Range <u>37E</u> NMPM Lea County		8. Well Number: 32
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3666'		9. OGRID Number: 192463
		10. Pool name or Wildcat Eumont Yates SVN RVR QN

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 checked="" 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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: _____		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.

1. MIRU PU.
2. POOH with injection equipment.
3. RIH with WL and set CIBP at 3700' and cap with cement
4. Circulate inhibited fluid
5. Cap well and perform MIT
6. RDMO

During this procedure we plan to use
the closed-loop system with a steel
tank and haul contents to the required
disposal per ODC Rule 19.15.17

**Condition of Approval: notify
OCD Hobbs office 24 hours**

Spud Date:

Rig Release Date:

prior of running MIT Test & Chart

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

SIGNATURE Jake Perry TITLE Production Engineer DATE 11/26/2018

Type or print name Jake Perry E-mail address: Jake_Perry@oxy.com PHONE: 713-215-7546

For State Use Only

APPROVED BY: Mary Brown TITLE AO/I DATE 11/26/2018

Conditions of Approval (if any):