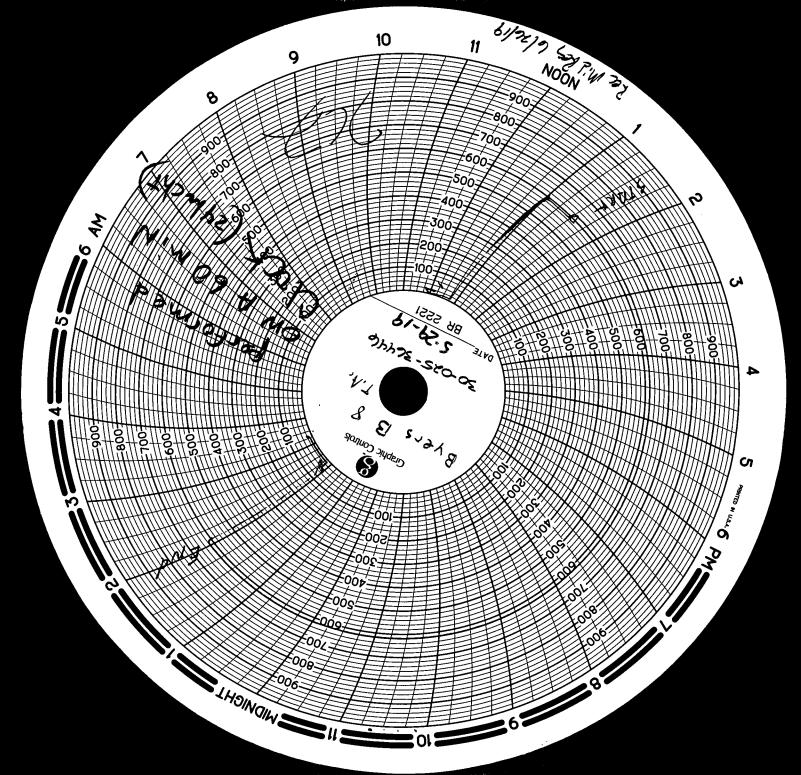
Energy, Minerals and Natural Resources Continue Co	Office Office	State of New Mexico	Form C-103	
District C-570 / 18-128 Sans		Energy, Minerals and Natural Resource	Revised July 18, 2013	
Santa Fe, NM 82300 To State State Oil & Gas Lease No. SUDRY NOTICES AND REPORTS ON WELL STATE FEE Constitution for Proposadas To pall Lot to December 1988 of the Santa Fee Proposadas. State Oil & Gas Lease No. SUDRY NOTICES AND REPORTS ON WELL STATE TO NOT USS NOT PROPOSADAS TO DALL ON TO DECEMBER 1988 of the Santa Fee Proposadas. State Oil & Gas Lease No. SUDRY NOTICES AND REPORTS ON WELL STATE OF The Remain Proposadas To Dall Lot To December 1988 of the Santa Fee Proposadas. State Oil & Gas Lease No. SUDRY NOTICES AND REPORTS ON WELL STATE OF THE PROPOSADAS. TO DALL ON TO DECEMBER 1988 of the Santa Fee Proposadas. State Oil & Gas Lease No. 10. Pool name or Wildcat No. Place of the Santa Fee Proposadas Of the Santa Fe	1625 N. French Dr., Hobbs, NM 88240			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 13. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 13. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 13. Describe proposed or completion or recompletion. 2		OIL CONSERVATION DIVISIO		
Santa Fe, NM 8 16 State Oil & Gas Lease No.			5. Indicate Type of Lease	
SUNDRY NOTICES AND REPORTS ON WELLS 1 100		Sonto Eo NIM 07505 GV		
SUNDRY NOTICES AND REPORTS ON WELLOW TO DESPEN BUG BACK TO THE STATE SOME YOR PROPOSALS TO BRILL OR TO DESPEN BUG BACK TO THE STATE SOME YOR PROPOSALS TO BRILL OR TO DESPEN BUG BACK TO THE STATE SOME YOR PROPOSALS TO BRILL OR TO DESPEN BUG BACK TO THE STATE SOME YOR PROPOSALS TO BRILL OR THE STATE DAY OF THE ST		Salita Fe, NIVI A BUDG	6. State Oil & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLOW TO DESPEN BUG BACK TO THE STATE SOME YOR PROPOSALS TO BRILL OR TO DESPEN BUG BACK TO THE STATE SOME YOR PROPOSALS TO BRILL OR TO DESPEN BUG BACK TO THE STATE SOME YOR PROPOSALS TO BRILL OR TO DESPEN BUG BACK TO THE STATE SOME YOR PROPOSALS TO BRILL OR THE STATE DAY OF THE ST		HOPP		
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPPEN DEPOSALS DUPLET HE RESERVOIR. USE 'APPLICATION FOR PROPOSALS') S. WELL Number		CES AND REPORTS ON WELLS 1 2013	7. Lease Name or Unit Agreement Name	
Section Gas Well Other Other Other Othe	LOO NOT USE THIS FORM FOR PROPOS	SALS TO DRILL OR TO DEEPEN (IN) PLUG BACK TO.	<u> </u>	
2. Name of Operator OXY USA WTP Limited Partnership 3. Address of Operator P.O. Box 50250 Midland, TX 79710 4. Well Location Unit Letter Section Township 2CS Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Township 2CS Range 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM DITTIPLE COMPL CASING/CEMENT JOB 17. Describe proposed or completed operations. (Clearly state all pertnert deatis, 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 1400' PBTD 5330' Perfs 5515 1208' CIBPAPA 5640' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 2312, circulate well with treated water, pressure test casing to 420 # for 30 min. FINAL TA STATUS. EXTENSION Approval of TA EXPIRES: 5.2 9 - 2 0 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 4.32-685-5717 Toronship 20 Perfs 1 Plug Advisor DATE 4.32-685-5717 Toronship 20 Plug Advisor DATE 4.32-685-5717 TITLE Graphine Office Plug Advisor DATE 4.32-685-5717 For State Use Only APPROVED By: May Advisor DATE 6.32-685-5717 TITLE Graphine Office Plug Advisor DATE 7-11.09 TORON HIGH Plug Advisor DATE 7-11.09 TORON HIGH	DIFFERENT RESERVOIR. USE "APPLIC	ATION FOR PERMIT" (FORM C-101) FOR SUCH	by Byers	
2. Name of Operator OXY USA WTP Limited Partnership 3. Address of Operator P.O. Box 50250 Midland, TX 79710 4. Well Location Unit Letter Section Township 2CS Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) Township 2CS Range 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CASING/CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM DITTIPLE COMPL CASING/CEMENT JOB 17. Describe proposed or completed operations. (Clearly state all pertnert deatis, 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 1400' PBTD 5330' Perfs 5515 1208' CIBPAPA 5640' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 2312, circulate well with treated water, pressure test casing to 420 # for 30 min. FINAL TA STATUS. EXTENSION Approval of TA EXPIRES: 5.2 9 - 2 0 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 4.32-685-5717 Toronship 20 Perfs 1 Plug Advisor DATE 4.32-685-5717 Toronship 20 Plug Advisor DATE 4.32-685-5717 TITLE Graphine Office Plug Advisor DATE 4.32-685-5717 For State Use Only APPROVED By: May Advisor DATE 6.32-685-5717 TITLE Graphine Office Plug Advisor DATE 7-11.09 TORON HIGH Plug Advisor DATE 7-11.09 TORON HIGH	PROPOSALS.)	Gos Well Chart BECEIVE	8. Well Number	
OXY USA WTP Limited Partnership 3. Address of Operator PO. Box 50250 Midland, TX 79710 4. Well Location Unit Letter T: 1650 feet from the South line and Good Feet from the Section Township 205 Range 365 NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND ABANDON CHANGE PLANS CASING CEMENT JOB PULL OR ALTER CASING MULTIPLE COMPL CASING CEMENT JOB CASING CEMENT JOB OTHER: 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 1400' PBTD 5550 Perfs. 5515 7308' CIBPAPA 5640' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 512917, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: TITLE Sr. Regulatory Advisor DATE 62619 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: 111		Jas Well Other		
3. Address of Operator P.O. Box 50250 Midland, TX 79710 4. Well Location Unit Letter I: 1650 feet from the South line and Local Strong Act of Ceet from the Socion Township 205 Range 365 NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE ORILLING OPNS PAND A LITERING CASING COMMENCE ORILLING OPNS PAND A LITERING CASING COMMENCE ORILLING OPNS PAND A CASING/CEMENT JOB COMMENCE ORILLING OPNS PA			1	
4. Well Location Unit Letter I: 1650 feet from the South line and Good Feet from the Section Township 205 Range 365 NMPM County 1625 NMPM Coun		W IT Limited Farthership		
Well Location				
Unit Letter I Loso feet from the South line and Loso feet from the Section Township 200 Range 365 NMPM County Loso 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	L	250 Wildrand, 17. 79710	Nadine laddak-Blineby, W.	
Section 7 Township 205 Range 365 NMPM County Count		4		
11. Elevation (Show whether DR. RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data P 1.	Unit Letter:_	1650 feet from the South line at	nd <u>660</u> feet from the <u>east</u> line	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: ALTERING CASING COMMENCE DRILLING OFNS: ALTERING CASING COMMENCE DRILLING OFNS: PAND A CASING/CEMENT JOB COMMENCE COMMINGLE CLOSED-LOOP SYSTEM OTHER: The Extremely of Starting any proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or completion or recompletion. TD-1400' PBTD-5830' Perfs-5715-71208' CIBPAR-5840' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck Saling, circulate well with treated water, pressure test casing to 20 # for 30 min.	Section 7	Township 205 Range 38	E NMPM County Lea	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			·	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM MULTIPLE COMPL CASING/CEMENT JOB OTHER: THE Extension - 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-T400' PBTD-5030' Perfs-5515-7200' CIBPARA 500' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 512917, circulate well with treated water, pressure test casing to 120 # for 30 min. FINAL TA STATUS-EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 126 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: TITLE Complaine Of the ADATE 7-11-19 Conditions of Approval (if ag):				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM MULTIPLE COMPL CASING/CEMENT JOB OTHER: THE Extension - 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-T400' PBTD-5030' Perfs-5515-7200' CIBPARA 500' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 512917, circulate well with treated water, pressure test casing to 120 # for 30 min. FINAL TA STATUS-EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 126 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: TITLE Complaine Of the ADATE 7-11-19 Conditions of Approval (if ag):	12 Charle A	parantiata Pay to Indicata Natura of N	otica Papart or Other Data N. P.	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PULL OR ALTER CASING COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: THE Extension - MIT OTHER: THE Extensio	12. Check A	ppropriate box to indicate Nature of N	office, Report of Officer Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING PULL OR ALTER CASING COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: THE Extension - MIT OTHER: THE Extensio	NOTICE OF IN	TENTION TO:	SUBSEQUENT REPORT OF	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB COMMENCE CASING COMMENCE COMMINGLE CLOSED-LOOP SYSTEM COTHER: 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-1400' PBTD-530' Perfs-515-1208' CIBPAPIA-5860' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5(2017), circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS-EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 626 [19] Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yeary APPROVED BY: Yeary Conditions of Approval (if ap):				
PULL OR ALTER CASING DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 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-1400' PBTD-5830' Perfs-5515-1208' CIBPAR-5840' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 52417, circulate well with treated water, pressure test casing to 420 # for 30 min. FINAL TA STATUS-EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 626 [19] Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yellow ATTILE Compliance Office ADATE 7-11-19 Conditions of Approval (if ap):		— I	_	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 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-1400' PBTD-5330' Perfs-5515-7208' CIBPAPK-5840' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 52217, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS-EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 626 [19] Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Years 11 TITLE Compliance Office ADATE 7-11-19 Conditions of Approval (if ag):	——————————————————————————————————————			
CLOSED-LOOP SYSTEM OTHER: The Exclusion -M(T)		MULTIPLE COMPL CASING/C	EMENT JOB L	
1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 217, circulate well with treated water, pressure test casing to 420 # for 30 min. FINAL TA STATUS-EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 TITLE Sr. Regulatory Advisor DATE 6 26 19 TITLE Graphine Office Advance Office Advance PHONE: 432-685-5717 TITLE Compliance Office Advance PLUG Office Advance PHONE: 432-685-5717 TITLE Compliance Office Advance PLUG Office Advance PHONE: 432-685-5717 TITLE Compliance Office Advance PLUG Office Advance PHONE: 432-685-5717	-			
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-1400' PBTD-5330' Perfs-5115-7308' CIBPARE-5840' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 512917, circulate well with treated water, pressure test casing to 420 # for 30 min. FINAL TA STATUS-EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 6/26/19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yelly Jath. TITLE Compliance Office ADATE 7-11-19 Conditions of Approval (if app):			THE STATE OF	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. TD-1400' PBTD-5330' Perfs-5515-7208' CIBPAPK-5850' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 52217, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS-EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 62619 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yelly Jath TITLE Compliance Office ADATE 7-11-19 Conditions of Approval (if app):				
1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 2 17, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS- EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 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 Office ADATE 7-11-19 Conditions of Approval (if arg):				
1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 217, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS- EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor DATE 626 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: 1111				
1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 2 19, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS- EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yelly fath TITLE Compliance Office ADATE 7-1/-/9 Conditions of Approval (if any):	proposed completion or recompletion.			
1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 2 19, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS- EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yelly fath TITLE Compliance Office ADATE 7-1/-/9 Conditions of Approval (if any):				
1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 5 2 19, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS- EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yelly fath TITLE Compliance Office ADATE 7-1/-/9 Conditions of Approval (if any):	TD 7400' DDTD 5430' Dorfo 5515-7208' CIDDON 5860'			
2. RU pump truck 5 2019, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS-EXTENSION	ID-1400 PRID-2020 Peris-3 163 1800 CIBPAPA 3040			
2. RU pump truck 5 2019, circulate well with treated water, pressure test casing to 20 # for 30 min. FINAL TA STATUS-EXTENSION	AND TO INDICATE A CONTRACT OF THE CONTRACT OF			
FINAL TA STATUS- EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 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 Office ADATE 7-11-19 Conditions of Approval (if art):	1. Notified NMOCD of casing integrity test 24hrs in advance.			
FINAL TA STATUS- EXTENSION Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 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 Office ADATE 7-11-19 Conditions of Approval (if art):	5 5 mla			
Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yelly fath Conditions of Approval (if app):	2. RU pump truck \(\sigma\left(\sigma\left(\frac{\sigma\cince\finac\fina\cince\fina\cince\fina\cince\fina\cince\fina\cince\finac\f	<u>1</u> , circulate well with treated water, pressure to	est casing to <u>Laco</u> # for 30 min.	
Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yelly fath Conditions of Approval (if app):				
Approval of TA EXPIRES: 5-29-20 Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 Type or print name David Stewart E-mail address: david stewart@oxy.com PHONE: 432-685-5717 For State Use Only APPROVED BY: Yelly fath Conditions of Approval (if app):				
Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 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 Office A DATE 7-11-19 Conditions of Approval (if an):		FINAL TA	<u>STATUS- EXTENSION</u>	
Well needs to be PLUGGED OR RETURNED to PRODUCTION BY THE DATE STATED ABOVE: 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 6 26 19 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 Office A DATE 7-11-19 Conditions of Approval (if an):		Approval of TA EXP	IRES: 5-29-20	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Sr. Regulatory Advisor 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 Office A DATE 7-1/-19 Conditions of Approval (if any):				
BY THE DATE STATED ABOVE: 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 6 26 19 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 Office ADATE 7-1/-/9 Conditions of Approval (if app):	6 15		1000ED ON NETONNED	
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 6 26 19 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 Office ADATE 7-1/-19 Conditions of Approval (if ap):	Spud Date:	to PRODUCTION	\sim \sim \sim \sim	
SIGNATURE		BY THE DATE STATE	TED ABOVE: / /	
SIGNATURE				
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 Office ADATE 7-1/-/9 Conditions of Approval (if app):	I hereby certify that the information a	above is true and complete to the best of my known	owledge and belief.	
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 Office ADATE 7-1/-/9 Conditions of Approval (if app):				
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 Office ADATE 7-1/-/9 Conditions of Approval (if app):		<i></i>	1 (
APPROVED BY: Yeary Jat TITLE Compliance Office ADATE 7-1/-19 Conditions of Approval (if app):	SIGNATURE //	TITLE Sr. Regulatory	Advisor DATE 6 26 19	
APPROVED BY: Yeary Jat TITLE Compliance Office ADATE 7-1/-19 Conditions of Approval (if app):				
APPROVED BY: Yeary Jat TITLE Compliance Office ADATE 7-1/-19 Conditions of Approval (if app):	Type or print name David Stewar	t E-mail address: <u>david_s</u>	tewart@oxy.com PHONE: 432-685-5717	
APPROVED BY: New Jat TITLE Compliance Office ADATE 7-1/-19 Conditions of Approval (if app):				
APPROVED BY: New Jat TITLE Compliance Office ADATE 7-1/-19 Conditions of Approval (if app):	For State Use Only		•	
Conditions of Approval (if app):	\sim \sim \sim	<i>t</i> / / · / ·		
Conditions of Approval (if app):		TITLE Umpliane	Le U / DATE 1-11-19	
V	Conditions of Approval (if app):			
<i>*</i>	•			



OXY USA WTP LP - Current Byers B #8 API No. 30-025-36446

6/16-CIBP @ 5860' w/ 30' cmt to 5830'

PB-7344'

TD-7400'

12-1/4" hole @ 1500' 8-5/8" csg @ 1500' w/ 735sx-TOC-Surf-Circ 7-7/8" hole @ 7400' 5-1/2" csg @ 7400' w/ 1610sx-TOC-Surf-Circ Perfs @ 5915-6431' Perfs @ 6440-6645' Perfs @ 6725-7010' Perfs @ 7208-7218'