

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) 476-3466

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

WELL API NO.

30-025-12386

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

46384

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE DEVONIAN UNIT

8. Well Number #110

9. OGRID Number

16696

10. Pool name or Wildcat

DOLLARHIDE; DEVONIAN

SUNDRY NOTES 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

PO BOX 4294, HOUSTON, TX 77210

4. Well Location

Unit Letter B : 666 feet from the NORTH line and 1780 feet from the EAST line

Section 5 Township 25S Range 38E NMPM County LEA

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

3175'

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 TEST & CHART ☒

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 - 7666' PBTD - 7425' Perfs - 7445' - 7630' CIBP - 7425'

OXY USA Inc. respectfully requests to extend the Temporarily Abandon Status approval. See previous approved Intent
approved 12/18/2019.

2/21/20 MIRU. Performed MIT, good test. See the attached radial chart.

FINAL TA STATUS- EXTENSION

Approval of TA EXPIRES: 8-21-20

Well needs to be PLUGGED OR RETURNED
to PRODUCTION

BY THE DATE STATED ABOVE: 27

Spud Date:

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

SIGNATURE

TITLE REGULATORY ADVISOR

DATE 2/24/20

Type or print name LESLIE REEVES

E-mail address: LESLIE_REEVES@OXY.COM PHONE: 713-497-2492

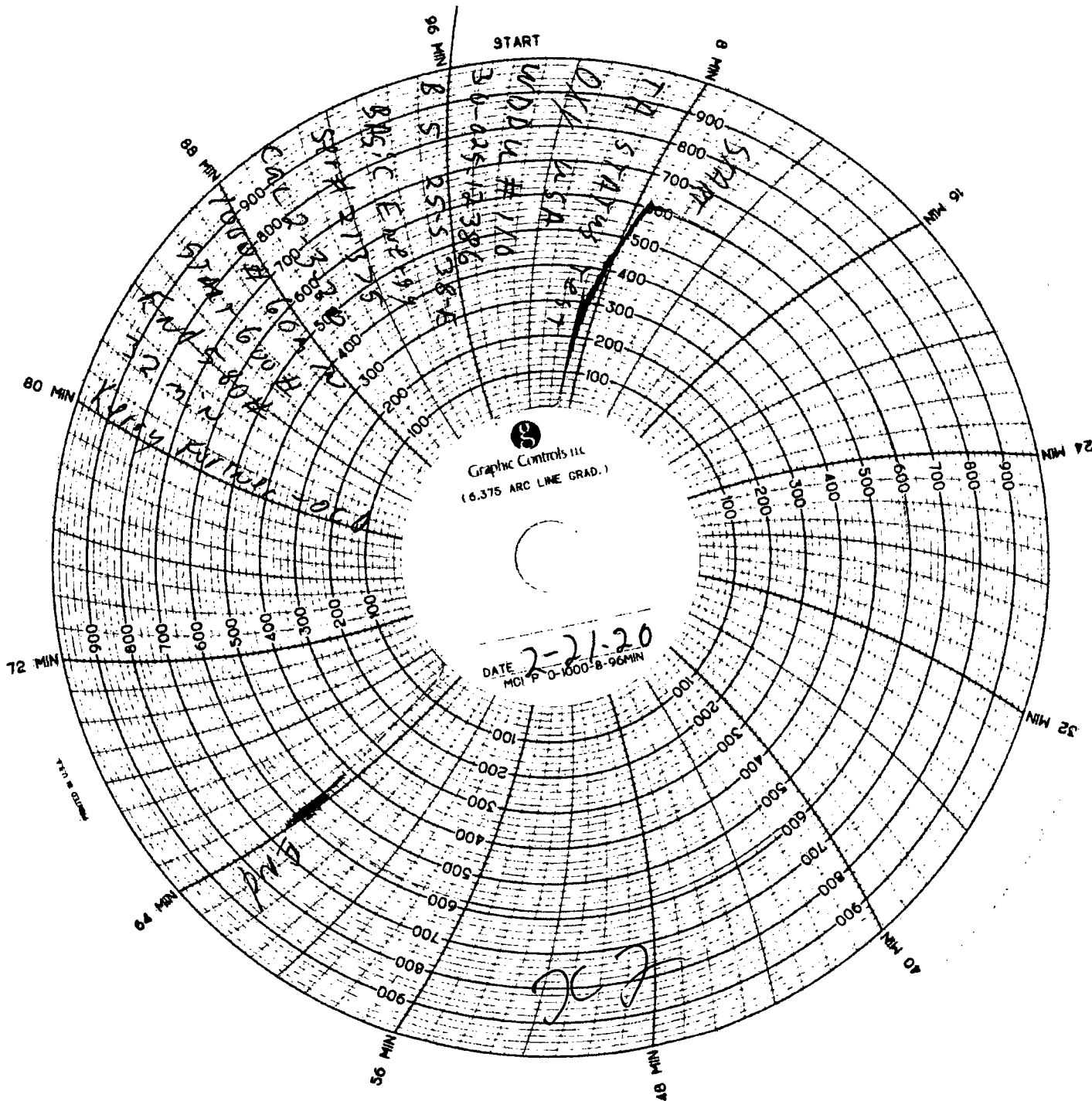
For State Use Only

APPROVED BY: Kerry Fortis

TITLE CO

DATE 2-27-20

Conditions of Approval (if any)



State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name OXY USAWTP LIMITED PARTNERSHIP		API Number 30-025-12386-0000
Property Name WEST DOLLARHIDE DEVONIAN UNIT		Well No. 110

7. Surface Location

UL - Lot B	Section 5	Township 25-S	Range 38-E	Feet from 666	N/S Line N	Feet From 1780	E/W Line E	County LEA
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Well Status

TA'D Well <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE 2/21/20
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OBSERVED DATA

	(A)Surf-Interm	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	0	NA	NA	0	TA
Flow Characteristics					
Puff	Y/N	Y/N	Y/N	Y/N	CO2 _____
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR _____
Surges	Y/N	Y/N	Y/N	Y/N	GAS _____
Down to nothing	Y/N	Y/N	Y/N	Y/N	If applicable type
Gas or Oil	Y/N	Y/N	Y/N	Y/N	fluid injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood

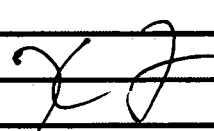
Remarks: Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

TA Status Test

Basic Energy

ser # 21375

cal 2-3-20

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date: 2/21/20	Phone:	
Witness: KERRY FORTNER-OCD 575-263-6633		