

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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. 30-025-12318
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> INJECTION WELL		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA INC		6. State Oil & Gas Lease No. 21771
3. Address of Operator 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX. 77046		7. Lease Name or Unit Agreement Name WEST DOLLARHIDE DEVONIAN UNIT
4. Well Location Unit Letter P : 660 feet from the SOUTH line and 330 feet from the EAST line Section 32 Township 24S Range 38E NMPM County LEA		8. Well Number 109
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 16696
10. Pool name or Wildcat DOLLARHIDE;DEVONIAN		

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

5 YEAR UIC TEST DATED 09/24/2020

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

[Signature]

TITLE REGULATORY ENGINEER

DATE

12.30.2020

Type or print name

SANDRA MUSALLAM

E-mail address: **sandra_musallam@oxy.com**

PHONE: **713.366.5106**

For State Use Only

APPROVED BY:

[Signature: Kerry Fortner]

TITLE Compliance Officer A

DATE **1/7/21**

Conditions of Approval (if any):

D.C. Meter Service

PO Box 869 Plains Hwy.

Denver City, TX 79323

806-592-2106

806-592-2107 fax

To: Pate Trucking Date: 8-12-2020

This is to certify that

I Seth Grimes, meter technician for D.C. Meter

Service, have checked the calibration on the following instrument:

1000# Chart recorder

Serial Number: _____ at the following points:

0 - 25% ✓

0 - 50% ✓

0 - 75% ✓

0 - 100% ✓

Signed: Seth Grimes

Remarks:

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Santa Fe, NM 87505

CONDITIONS

Action 13342

CONDITIONS OF APPROVAL

Operator:	OXY USA INC	P.O. Box 4294	Houston, TX772104294	OGRID:	16696	Action Number:	13342	Action Type:	C-103Z
OCD Reviewer									Condition
jagarcia									None