

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.) 1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐ 2. Name of Operator OXY USA INC 3. Address of Operator 5 GREENWAY PLAZA SUITE 110, HOUSTON TX 77046 4. Well Location Unit Letter M : 400 feet from the SOUTH line and 1378 feet from the WEST line Section 18 Township 24S Range 32E NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		WELL API NO. 30-025-45864 5. Indicate Type of Lease STATE ☐ FEE ☐ 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name MESA VERDE WC UNIT 8. Well Number #14H 9. OGRID Number 16696 10. Pool name or Wildcat MESA VERDE; WOLFCAMP
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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: SURFACE COMMINGLE ☒	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ P AND A ☐ CASING/CEMENT JOB ☐ OTHER: ☐
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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.

OXY requests approval to add Mesa Verde Wolfcamp 14H to PC 1318 with allocation by well test per frequency and required by Order R-14299. Attached is the C-102.

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 REGULATORY ENGINEER DATE 4/28/2021

Type or print name SANDRA MUSALLAM E-mail address: SANDRA_MUSALLAM@OXY.COM PHONE: 713-366-5106
For State Use Only

APPROVED BY: Dean R. McClure TITLE Petroleum Engineer DATE 04/28/2021
 Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88240
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District IV
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Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-45864	Pool Code 98252	Pool Name MESA VERDE; WOLFCAMP
Property Code 320829	Property Name MESA VERDE WC UNIT	Well Number 14H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 3573.2'

Surface Location

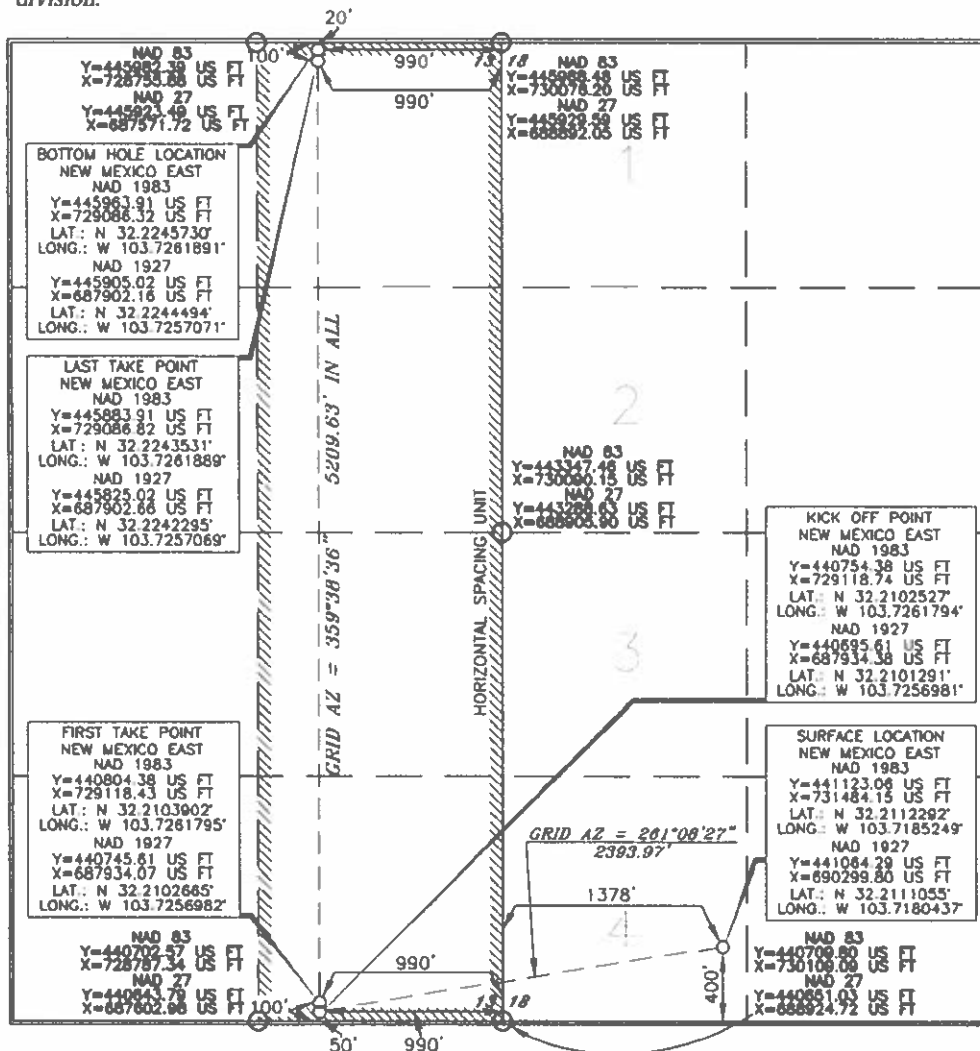
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
4	18	24 SOUTH	32 EAST, N.M.P.M.		400'	SOUTH	1378'	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	13	24 SOUTH	31 EAST, N.M.P.M.		20'	NORTH	990'	EAST	EDDY

Dedicated Acres 181.80	Joint or Infill	Consolidation Code	Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or as a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Leslie T. Reeves 3/11/2021

Signature Date

LESLIE REEVES

Printed Name
LESLIE_REEVES@OXY.COM

E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

15079
NOVEMBER 14 2012

Date of Survey

Signature and Seal of
Professional Surveyor

Terry J. Reeves 3/1/2021
Certificate Number 15079

WO# 171114WL-a (Rev. A) (KA)

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CONDITIONS

Action 15684

CONDITIONS OF APPROVAL

Operator:	OGRID:	Action Number:	Action Type:
OXY USA INC P.O. Box 4294 Houston, TX772104294	16696	15684	C-103X

OCD Reviewer	Condition
dmcclure	Please review the content of the Administrative Order and approved request(s) to ensure you are familiar with the authorities granted and any conditions of approval.