

Santa Fe Main Office
Phone: (505) 476-3441
General Information
Phone: (505) 629-6116

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

Online Phone Directory Visit:
<https://www.emnrd.nm.gov/ocd/contact-us/>

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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-52120
2. Name of Operator OXY USA INC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>O</u> : <u>339</u> feet from the <u>SOUTH</u> line and <u>1350</u> feet from the <u>EAST</u> line Section <u>18</u> Township <u>22S</u> Range <u>33E</u> NMPM County <u>LEA</u>		7. Lease Name or Unit Agreement Name SENILE FELINES 18-7 STATE COM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3631' GR		8. Well Number 15H
		9. OGRID Number 16696
		10. Pool name or Wildcat RED TANK; BONE SPRING, EAST

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

Spud 17-1/2" hole 02/25/25, drill to 1013' 02/26/25. RIH & set 13-3/8" 54.5# J-55 BTC csg @ 1003', pump 30bbl gel spacer then lead cmt w/ 430sx (139bbl) Class C w/ additives 12.8ppg 1.81 yield, followed by tail cmt w/ 682sx (162bbl) Class C w/ additives 14.8ppg 1.33 yield, circ 464sx (150bbl) cmt to surface. 02/26/25 RD & release rig.

Spud Date:

02/25/25

Rig Release Date:

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

SIGNATURE Jana Mendiola TITLE Regulatory Advisor DATE 03/05/25

Type or print name Jana Mendiola E-mail address: janalyn_mendiola@oxy.com PHONE: 432-685-5936

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

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CONDITIONS

Action 439341

CONDITIONS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 439341
	Action Type: [C-103] Sub. Drilling (C-103N)

CONDITIONS

Created By	Condition	Condition Date
plmartinez	None	7/29/2025