

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. 30-015-47334
2. Name of Operator OXY USA INC.		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator P.O. Box 4294, Houston, TX 77210		6. State Oil & Gas Lease No. 328290
4. Well Location Unit Letter D : 762 feet from the North line and 1310 feet from the West line Section 16 Township 24S Range 29E NMPM County EDDY		7. Lease Name or Unit Agreement Name HEADS CC 9 4 FEDERAL COM
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2927' (GL)		8. Well Number 23H
		9. OGRID Number 16696
		10. Pool name or Wildcat PIERCE CROSSING; 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"/> Federal APD Cancellation <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input 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.

Operator is requesting cancellation of the subject federal APD which has expired.

Attached is confirmation (BLM AFMSS system) noting the well has not been spud and the APD expiration date.

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 Roni Mathew TITLE Regulatory Advisor DATE 10/30/2025

Type or print name RONI MATHEW E-mail address: roni_mathew@oxy.com PHONE: (713) 215-7827
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

Heads CC 9-4 Federal Com 23H - BLM AFMSS System APD Expiration

US Well Number 3001547334		Spud Date * mm/dd/yyyy	
Well Name * HEADS CC 9-4 FEDERAL COM		Well Number * 23H	
Well Class * <input type="radio"/> Vertical <input type="radio"/> Directional <input checked="" type="radio"/> Horizontal <input type="radio"/> Sidetrack <input type="radio"/> Dual-completion <input type="radio"/> Multi-lateral			
State Permit Browse... No files selected			
POD Name 			
Well Pad Name HEADS CC 9-4 FEDERAL COM		Well Pad Number * 21H, 22H, 23H, 42H, 52H, 41H, 51H, 45H, 55H, 311H, 37H	
Type of Well Pad * <input type="radio"/> Single <input checked="" type="radio"/> Multiple			
Is the proposed well in a Helium production area? * <input type="radio"/> Yes <input checked="" type="radio"/> No			
Reservoir Well Spacing Assigned Acres Measurement * 640			
Well Plat Browse... No files selected			
Well Type * OIL WELL			
Well Sub-Type * INFILL			
Status * Unapproved Application for Permit to Drill		Status Maintenance Well Status Effective Date * 07/30/2022	
Expiration Date 07/30/2022	Extension Approved Date mm/dd/yyyy	Extension Expiration Date mm/dd/yyyy	
The First Federal or Indian Lease Penetrated for Production * <input checked="" type="radio"/> Federal <input type="radio"/> Indian			
Lease Number * NMNM99034		Lease SRP	

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CONDITIONS

Action 521653

CONDITIONS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 521653
	Action Type: [C-103] Sub. APD Cancellation (C-103C)

CONDITIONS

Created By	Condition	Condition Date
keith.dziokonski	None	10/30/2025