

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 781-2833
811 S. First St., Artesia, NM 88211
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

Form C-103

Revised July 18, 2013

NON-CONSERVATION DISTRICT
RECEIVED
JAN 25 2016

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-28258
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E 7906
7. Lease Name or Unit Agreement Name North Indian Basin Unit
8. Well Number 12
9. OGRID Number 192463
10. Pool name or Wildcat Daguerre Well Up. Penn. S.
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3727'

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 WTP Limited Partnership

3. Address of Operator
P.O. Box 50250 Midland, TX 79710

4. Well Location
Unit Letter M : 660 feet from the south line and 660 feet from the west line
Section 2 Township 21S Range 23E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3727'

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 checked="" 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: <input 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.

1/4/2016 MIRU PU
 1/5/2016 RDWH, test tbg, possible hole or pump leaking, start to POOH w/ rods, SD H2S
 1/6/2016 Pump FW down tubing for well control, RU stripping table, secure WH, finish to POOH w/ rods & pump. Pump down tbg & csg to kill well.
 1/7/2016 NU BOP, start to POOH w/ prod tbg, pump FW for well control.
 1/8/2016 Finish to POOH w/ prod tbg, continue to pump FW for well control. RIH & set CIBP @ 7378'.
 1/11/2016 RIH & tag CIBP @ 7378', POOH, start to RIH w/ pkr & tbg to test.
 1/12/2016 Continue to RIH & set pkr. Attempt to test csg, isolate csg leaks fro 7256-7378'. Contact Randy Dade-NMOCD to set additional CIBP. POOH w/ pkr, RIH & set CIBP @ 7250'.
 1/13/2016 RIH & tag CIBP @ 7250', circ hole w/ 10# MLF, M&P 25sx CL C cmt to Calc TOC 7100'. PUH to 6399', M&P 25sx CL C cmt, PUH, WOC.
 1/14/2016 RIH & tag cmt @ 8244', PUH to 5691', M&P 25sx CL C cmt, PUH, WOC. RIH & tag cmt @ 5536', PUH to 3421', M&P 25sx CL C cmt, PUH, WOC.
 1/15/2016 RIH & tag cmt @ 3261', PUH to 2095', M&P 25sx CL C cmt, PUH, WOC. RIH & tag cmt @ 1920', PUH to 1309', M&P 25sx CL C cmt, PUH, WOC.
 1/18/2016 RIH & tag cmt @ 1141', POOH. RIH w/ pkr & set @ 30', RIH & perf @ 60', attempt to EIR, no rate or pressure, POOH w/ pkr. RIH to 480', M&P 85sx CL C cmt, circ to surface, visually confirmed. RD BOP, top off csg, RDPU.

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 David Stewart TITLE Sr. Regulatory Advisor DATE 1/20/16

Type or print name David Stewart E-mail address: david_stewart@oxy.com PHONE: 432-685-5717

For State Use Only
APPROVED BY: R Dade TITLE Dist. Supervisor DATE 1/26/2016

Conditions of Approval (if any):
Submit Subsequent C-103