Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resource	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO.
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	ON <u>30- 015 - 4302 (</u> 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSAL	S TO DRILL OR TO DEEPEN OR PLUG BACK TO	0 A
DIFFERENT RESERVOIR. USE "APPLICAT" PROPOSALS.)	ON FOR PERMIT" (FORM C-101) FOR SUCH	OXY Bulldog State
· · · · · · · · · · · · · · · · · · ·	Well 🗌 Other	8. Well Number 3tl
2. Name of Operator		9. OGRID Number
OXY USA WTP Limited Partnership		192463
3. Address of Operator P.O. Box 50250 Midland, TX 79710		10. Pool name or Wildcat
	5 Midland, 1X /9/10	Old Milluryn Rauch Bone Spring
4. Well Location Unit Letter I : 15	in the set of the set	
	Township 705 Range 75 L. Elevation (Show whether DR, RKB, RT,	
· · · · · · · · · · · · · · · · · · ·		GR, elc.)
12. Check App	ropriate Box to Indicate Nature of N	Notice, Report or Other Data
		-
		SUBSEQUENT REPORT OF:
— —••••••• —	= 1	
=		NCE DRILLING OPNS. P AND A
	Extension D OTHER:	` ¬
		etails, and give pertinent dates, including estimated date
of starting any proposed work).	SEE RULE 19.15.7.14 NMAC. For Mult	tiple Completions: Attach wellbore diagram of
proposed completion or recomp	letion.	apre compressions material wenteere diagram of
OXY Bulldog State #3H – 30-015	-43021	
	43021	
OXY USA WTP LP respectfully re	quests another extension on this APD. Th	ne APD was approved 4/1/15 and
the last extension expires 4/1/1		
		RECEIVED
		MAR 2 5 2019
		,
Spud Date:	Rig Release Date:	DISTRICT II-ARTESIA O.C.D.
I hereby certify that the information above	e is true and complete to the best of my kn	
Thereby certify that the information abov	e is the and complete to the best of my kn	nowledge and belief.
	-	
SIGNATURE / nº / la	TITLE Sr. Regulatory	Advisor DATE 3 19 19
Type or print name David Stargert		, ,
Type or print name <u>David Stewart</u>	E-mail address: <u>david s</u>	stewart@oxy.comPHONE:432-685-5717_
For State Use Only		
	>	
APPROVED BY:		DATE
Conditions of Approval (if any):		

J

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