

Submit a 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

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. MULTIPLE
5. Indicate Type of Lease STATE ☐ FEE ☒
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name TIME CC 6 7 FEDERAL COM
8. Well Number MULTIPLE
9. OGRID Number 16696
10. Pool name or Wildcat PIERCE CROSSING; BONE SPRING

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 _____ : _____ feet from the _____ line and _____ feet from the _____ line Section 6 Township 24S Range 29E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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 – PC 1359 ☒		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 USA INC requests approval to add the following wells to PC 1359 for Dimensions CTB (C-6-T24S-R29E). These wells will be included in a currently approved pool of PIERCE CROSSING; BONE SPRING (50371). Allocation as stipulated in PC 1359. The C-102 forms are attached.

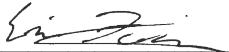
This request is for oil production only. Gas production will be handled through an amendment to PLC 750F.

TIME CC 6 7 FEDERAL COM #071H 30-015-54048
 TIME CC 6 7 FEDERAL COM #072H 30-015-54032
 TIME CC 6 7 FEDERAL COM #073H 30-015-54031
 TIME CC 6 7 FEDERAL COM #074H 30-015-54030

Spud Date:

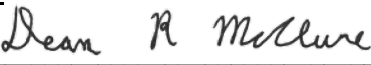
Rig Release Date:

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

SIGNATURE  TITLE REGULATORY ENGINEER DATE 9/7/2023

Type or print name ERIC FORTIER E-mail address: ERIC_FORTIER@OXY.COM PHONE: 713.497.2203

For State Use Only

APPROVED BY:  TITLE Petroleum Engineer DATE 09/11/2023

Conditions of Approval (if any):

District I
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State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
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Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-54048	Pool Code 50371	Pool Name PIERCE CROSSING, BONE SPRING
Property Code 323066	Property Name TIME CC "6_7" FEDERAL COM	Well Number 71H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 2959.6'

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
3	6	24 SOUTH	29 EAST, N.M.P.M.		450'	NORTH	2270'	WEST	EDDY

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
4	7	24 SOUTH	29 EAST, N.M.P.M.		20'	SOUTH	330'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
640			

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 to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. <u>Leslie T. Reeves</u> 1/23/2023 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. OCTOBER 10, 2022 Date of Survey _____ Signature and Seal of Professional Surveyor _____ <u>Terry J. Case</u> 10/20/2022 Certificate Number _____ 15079 WO# 221010WL-a (KA)			

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☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-54032	Pool Code 50371	Pool Name PIERCE CROSSING, BONE SPRING
Property Code 323066	Property Name TIME CC "6_7" FEDERAL COM	Well Number 72H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 2959.7'

Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
3	6	24 SOUTH	29 EAST, N.M.P.M.		450'	NORTH	2300'	WEST	EDDY

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
N	7	24 SOUTH	29 EAST, N.M.P.M.		20'	SOUTH	2050'	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
640			

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	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 to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. <i>Leslie T. Reeves</i> 1/23/2023 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. JOY J. ALLEN 10/20/2022 Date of Survey <i>JOY J. ALLEN</i> Signature and Seal of Professional Surveyor Certificate Number 15079 WO# 221010WL-b (KA)

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WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-54031	Pool Code 50371	Pool Name PIERCE CROSSING, BONE SPRING
Property Code 323066	Property Name TIME CC "6_7" FEDERAL COM	Well Number 73H
OGRID No. 16696	Operator Name OXY USA INC.	Elevation 2959.8'

Surface Location

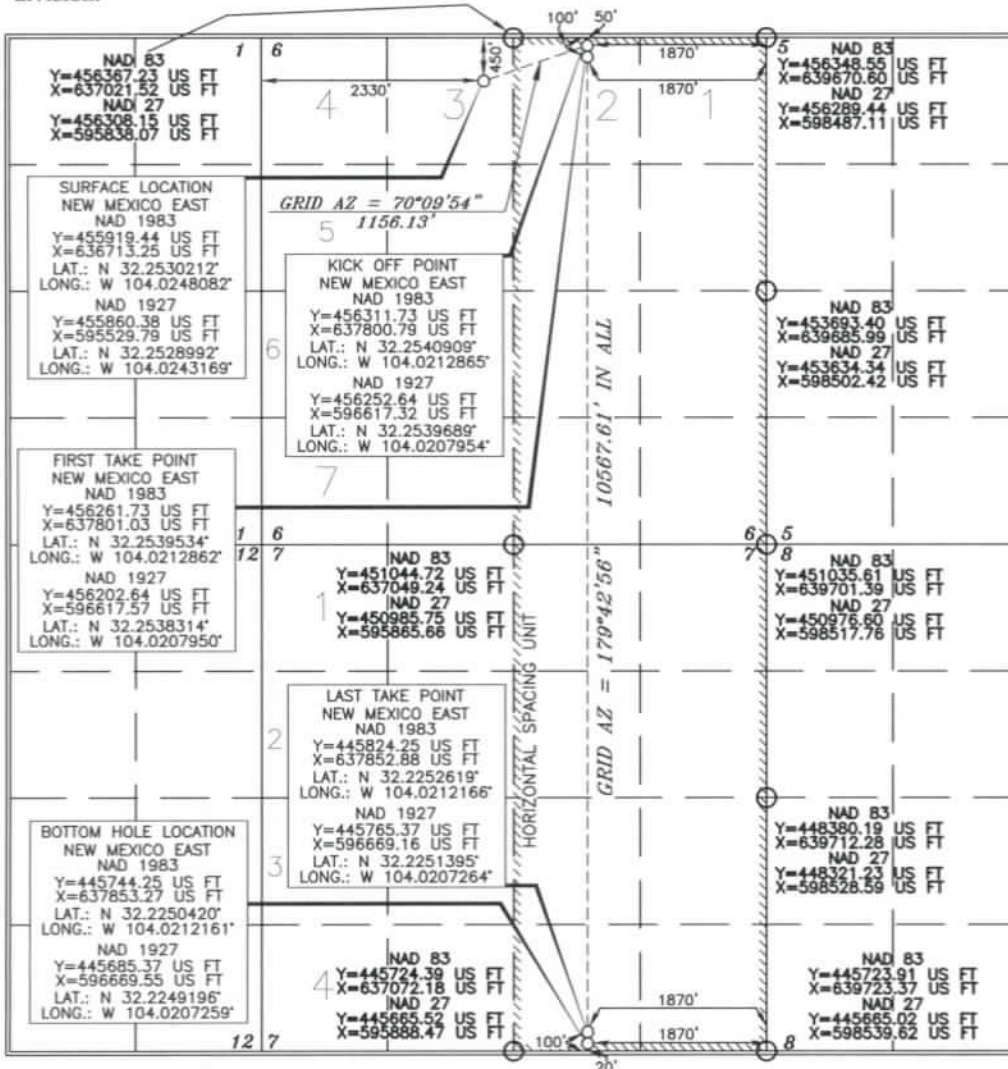
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
3	6	24 SOUTH	29 EAST, N.M.P.M.		450'	NORTH	2330'	WEST	EDDY

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
0	7	24 SOUTH	29 EAST, N.M.P.M.		20'	SOUTH	1870'	EAST	EDDY

Dedicated Acres 640	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 to a voluntary pooling agreement or a compulsory pooling order

herein entered by the division.

Leslie T. Reeves 01/25/2023

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.

Date of Survey

Signature and Seal of
Professional Surveyor

Certificate Number

15079

WO# 221010WL-c (AS)

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☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-54030	Pool Code 50371	Pool Name PIERCE CROSSING, BONE SPRING
Property Code 323066	Property Name TIME CC "6_7" FEDERAL COM	Well Number 74H
Operator No. 16696	Operator Name OXY USA INC.	Elevation 2959.8'

Surface Location

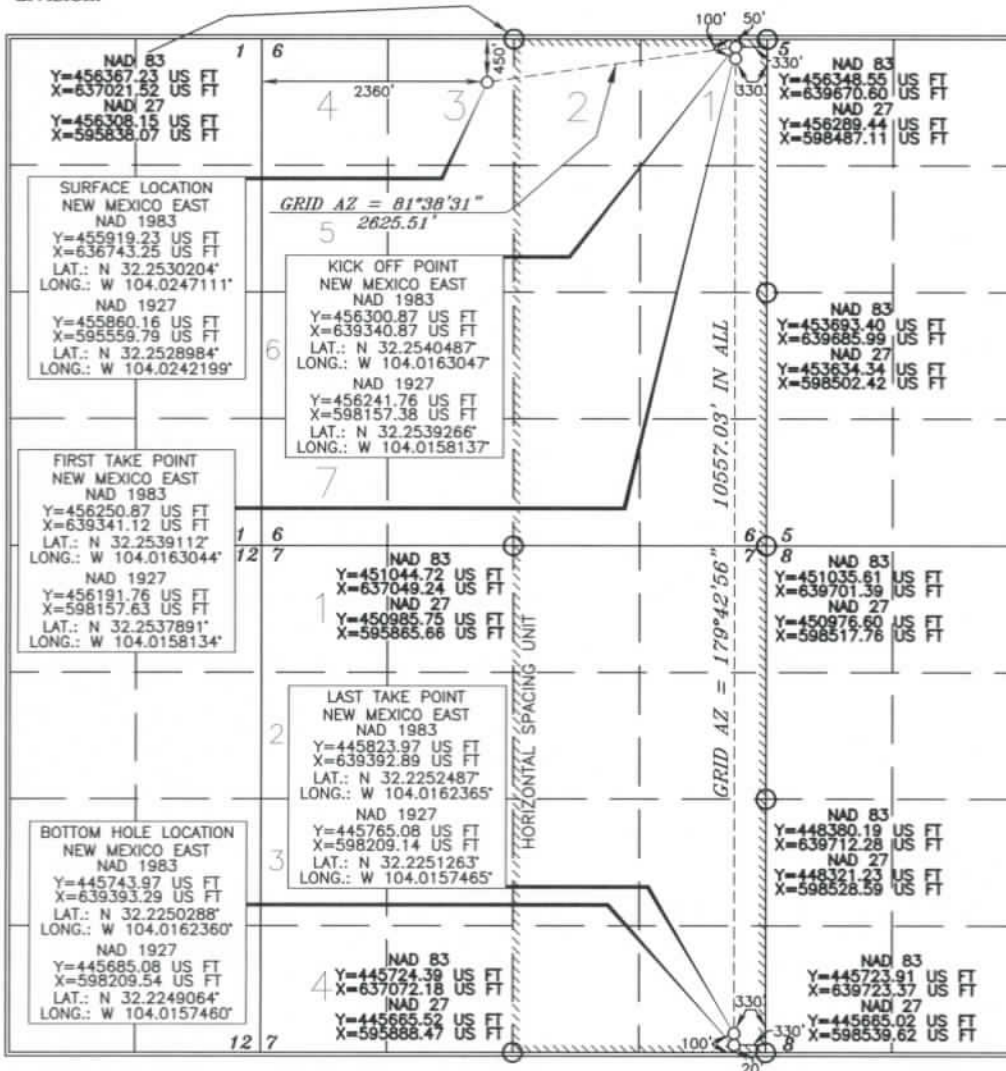
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
3	6	24 SOUTH	29 EAST, N.M.P.M.		450'	NORTH	2360'	WEST	EDDY

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
P	7	24 SOUTH	29 EAST, N.M.P.M.		20'	SOUTH	330'	EAST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
640			

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OPERATOR CERTIFICATION

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Leslie T. Reeves 01/25/2023

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.

OCTOBER 10, 2022

Date of Survey

Signature and Seal of Professional Surveyor

Tony G. Neal 10/20/2022

Certificate Number 15079

WO# 221010WL-d (AS)

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Santa Fe, NM 87505

CONDITIONS

Action 263699

CONDITIONS

Operator: OXY USA INC P.O. Box 4294 Houston, TX 772104294	OGRID: 16696
	Action Number: 263699
	Action Type: [IM-SD] Admin Order Support Doc (ENG) (IM-AAO)

CONDITIONS

Created By	Condition	Condition Date
dmcclure	Please review the content of the order to ensure you are familiar with the authorities granted and any conditions of approval. If you have any questions regarding this matter, please contact me.	9/11/2023