

Submit 1 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.<br>MULTIPLE                                                                 |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                             |
| 7. Lease Name or Unit Agreement Name<br>DR PI FEDERAL UNIT 18_7 IPP                      |
| 8. Well Number MULTIPLE                                                                  |
| 9. OGRID Number<br>16696                                                                 |
| 10. Pool name or Wildcat<br>BILBREY BASIN; BONE SPRING, SOUTH                            |

|                                                                                                                                                                                                                       |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br/>(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.)</p> |  |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                        |  |
| 2. Name of Operator<br>OXY USA INC.                                                                                                                                                                                   |  |
| 3. Address of Operator<br>5 GREENWAY PLAZA SUITE 100, HOUSTON TX 77046                                                                                                                                                |  |
| 4. Well Location<br>Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line<br>Section 18 Township 22S Range 32E NMPM County LEA                                                        |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                                    |  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br/>         TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br/>         PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br/>         DOWNHOLE COMMINGLE <input type="checkbox"/><br/>         CLOSED-LOOP SYSTEM <input type="checkbox"/><br/>         OTHER: SURFACE COMMINGLE – PLC 834 <input checked="" type="checkbox"/></p> | <p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br/>         COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br/>         CASING/CEMENT JOB <input type="checkbox"/><br/>         OTHER: <input type="checkbox"/></p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 PLC 834 for Lost Tank 18 CPF (M-18-22S-32E). These wells will be in the currently approved pool of BILBREY BASIN; BONE SPRING, SOUTH (97366) and currently approved Unit/PA (NMNM143828X). Allocation will be by well test. The C-102 is attached.

This request is for oil production only. Gas production will be handled through an amendment to PLC 867A.

DR PI FEDERAL UNIT 18\_7 IPP 21H: 30-025-47835  
 DR PI FEDERAL UNIT 18\_7 IPP 22H: 30-025-48157  
 DR PI FEDERAL UNIT 18\_7 IPP 24H: 30-025-47867  
 DR PI FEDERAL UNIT 18\_7 IPP 25H: 30-025-48159  
 DR PI FEDERAL UNIT 18\_7 IPP 71H: 30-025-48162  
 DR PI FEDERAL UNIT 18\_7 IPP 72H: 30-025-48163  
 DR PI FEDERAL UNIT 18\_7 IPP 73H: 30-025-48164  
 DR PI FEDERAL UNIT 18\_7 IPP 74H: 30-025-48165

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 Eric Fortier TITLE Regulatory Engineer DATE 11/30/2023

Type or print name Eric Fortier E-mail address: Eric\_Fortier@oxy.com PHONE: 713-497-2203

**For State Use Only**

APPROVED BY: Dean R. McClure TITLE Petroleum Engineer DATE 12/07/2023

Conditions of Approval (if any):

District I  
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State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
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<br><b>30-025-47835</b> | Pool Code<br><b>5695</b>                            | Pool Name<br><b>BILBREY BASIN; BONE SPRING, SOUTH</b> |
| Property Code<br><b>332928</b>    | Property Name<br><b>DR PI FEDERAL UNIT 18_7 IPP</b> | Well Number<br><b>21H</b>                             |
| OGRID No.<br><b>16696</b>         | Operator Name<br><b>OXY USA INC.</b>                | Elevation<br><b>3611.9'</b>                           |

Surface Location

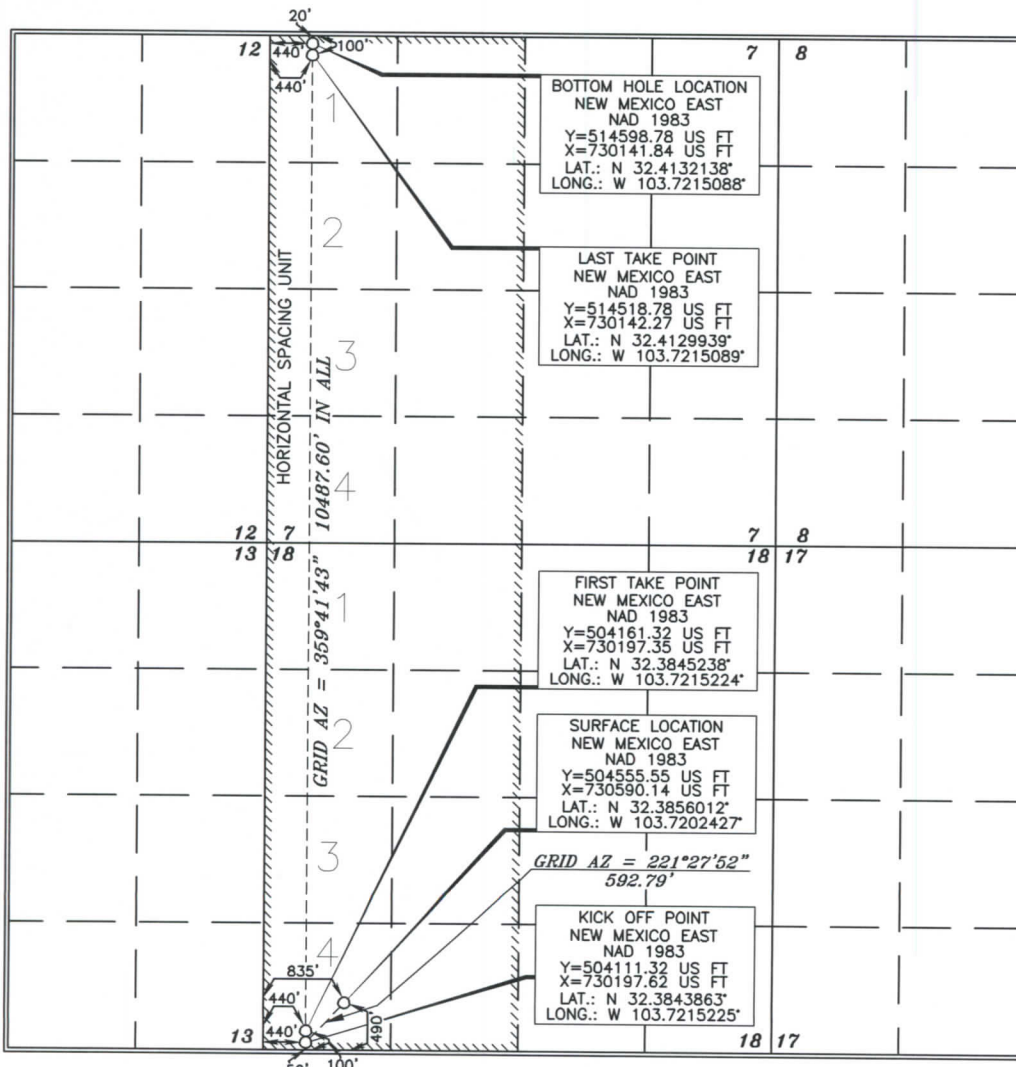
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| 4             | 18      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 490'          | SOUTH            | 835'          | WEST           | LEA    |

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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| 1             | 7       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 440'          | WEST           | LEA    |

| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. |
|-----------------|-----------------|--------------------|-----------|
| <b>640</b>      |                 |                    |           |

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.

*Roni Mathew*

9/7/2022

Signature

Date

RONI MATHEW

Printed Name

roni\_mathew@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.

*TERRY J. ASH*  
15079  
MAY 10, 2018

Date of Survey

Signature and Seal of  
Professional Surveyor

*Terry J. Ash*  
Certificate Number 15079

WO# 180510WL-a (KA)

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WELL LOCATION AND ACREAGE DEDICATION PLAT

|                            |                                               |                                                |
|----------------------------|-----------------------------------------------|------------------------------------------------|
| API Number<br>30-025-48157 | Pool Code<br>5695                             | Pool Name<br>BILBREY BASIN; BONE SPRING, SOUTH |
| Property Code<br>332928    | Proprerty Name<br>DR PI FEDERAL UNIT 18_7 IPP | Well Number<br>22H                             |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.                 | Elevation<br>3611.2'                           |

Surface Location

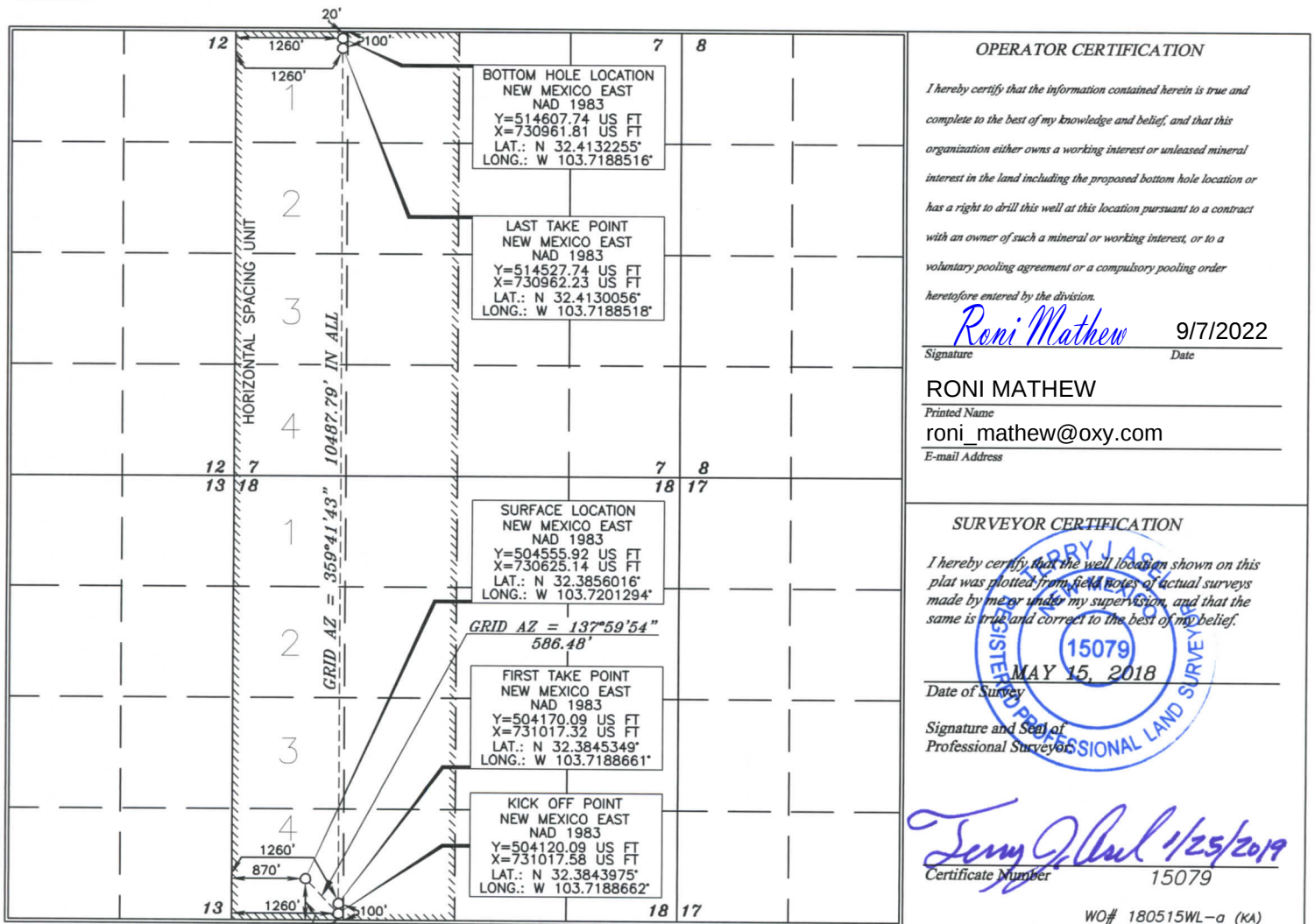
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| 4             | 18      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 490'          | SOUTH            | 870'          | WEST           | LEA    |

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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| 1             | 7       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 1260'         | WEST           | LEA    |

| 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.

Roni Mathew 9/7/2022  
Signature Date

RONI MATHEW  
Printed Name  
roni\_mathew@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.

15079  
MAY 15, 2018  
Date of Survey  
Signature and Seal of Professional Surveyor

15079  
Certificate Number  
15079

WO# 180515WL-a (KA)

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State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
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☒ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|                                   |                                                     |                                                |
|-----------------------------------|-----------------------------------------------------|------------------------------------------------|
| API Number<br><b>30-025-47867</b> | Pool Code<br><b>5695</b>                            | Pool Name<br><b>BILBREY BASIN, BONE SPRING</b> |
| Property Code<br><b>332928</b>    | Property Name<br><b>DR PI FEDERAL UNIT 18_7 IPP</b> | Well Number<br><b>24H</b>                      |
| OGRID No.<br><b>16696</b>         | Operator Name<br><b>OXY USA INC.</b>                | Elevation<br><b>3668.0'</b>                    |

**Surface Location**

| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| P             | 18      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 170'          | SOUTH            | 1120'         | EAST           | LEA    |

**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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| B             | 7       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 2200'         | EAST           | LEA    |

| 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.

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p><b>OPERATOR CERTIFICATION</b></p> <p>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.</p> <p><i>Roni Mathew</i> 9/7/2022<br/>Signature Date</p> <p><b>RONI MATHEW</b><br/>Printed Name<br/>roni_mathew@oxy.com<br/>E-mail Address</p> <p><b>SURVEYOR CERTIFICATION</b></p> <p>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.</p> <p><i>Terry J. Abel</i> 10/10/2019<br/>Date of Survey</p> <p>Signature and Seal of Professional Surveyor</p> <p>Certificate Number 15079</p> <p>WO# 190812WL-f (AS)</p> |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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WELL LOCATION AND ACREAGE DEDICATION PLAT

|                            |                                              |                                         |
|----------------------------|----------------------------------------------|-----------------------------------------|
| API Number<br>30-025-48159 | Pool Code<br>5695                            | Pool Name<br>BILBREY BASIN, BONE SPRING |
| Property Code<br>332928    | Property Name<br>DR PI FEDERAL UNIT 18_7 IPP | Well Number<br>25H                      |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.                | Elevation<br>3668.3'                    |

Surface Location

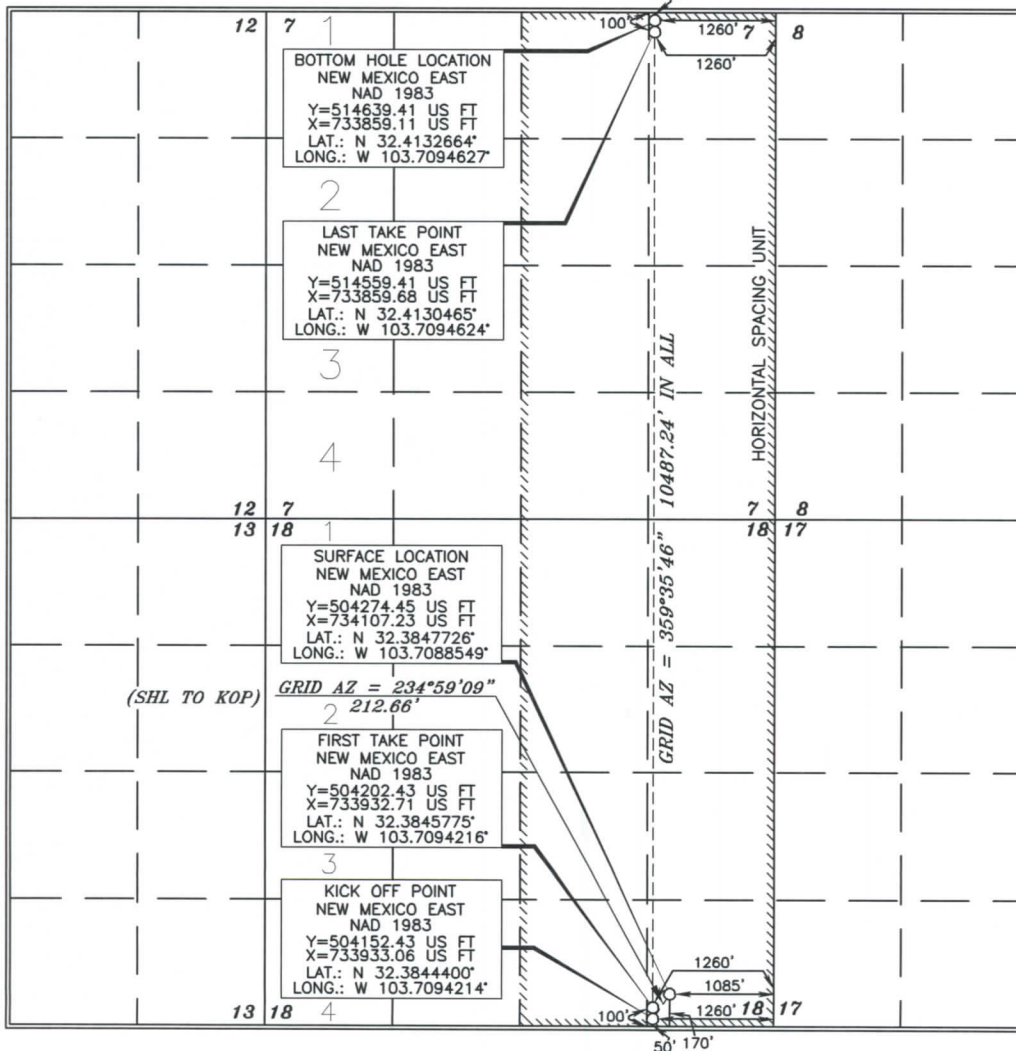
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| P             | 18      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 170'          | SOUTH            | 1085'         | EAST           | LEA    |

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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| A             | 7       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 1260'         | EAST           | LEA    |

|                        |                 |                    |           |
|------------------------|-----------------|--------------------|-----------|
| Dedicated Acres<br>640 | Joint or Infill | Consolidation Code | Order No. |
|------------------------|-----------------|--------------------|-----------|

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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.

*Roni Mathew* 9/7/2022

Signature Date

RONI MATHEW

Printed Name

roni\_mathew@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.

*JERRY J. ASH*  
15079  
JUNE 19, 2018

Date of Survey

Signature and Seal of Professional Surveyor

*Jerry J. Ash* 1/31/2019

Certificate Number 15079

WO# 180619WL-a (KA)

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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|                            |                                              |                                         |
|----------------------------|----------------------------------------------|-----------------------------------------|
| API Number<br>30-025-48162 | Pool Code<br>5695                            | Pool Name<br>BILBREY BASIN, BONE SPRING |
| Property Code<br>332928    | Property Name<br>DR PI FEDERAL UNIT 18_7 IPP | Well Number<br>71H                      |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.                | Elevation<br>3619.0'                    |

**Surface Location**

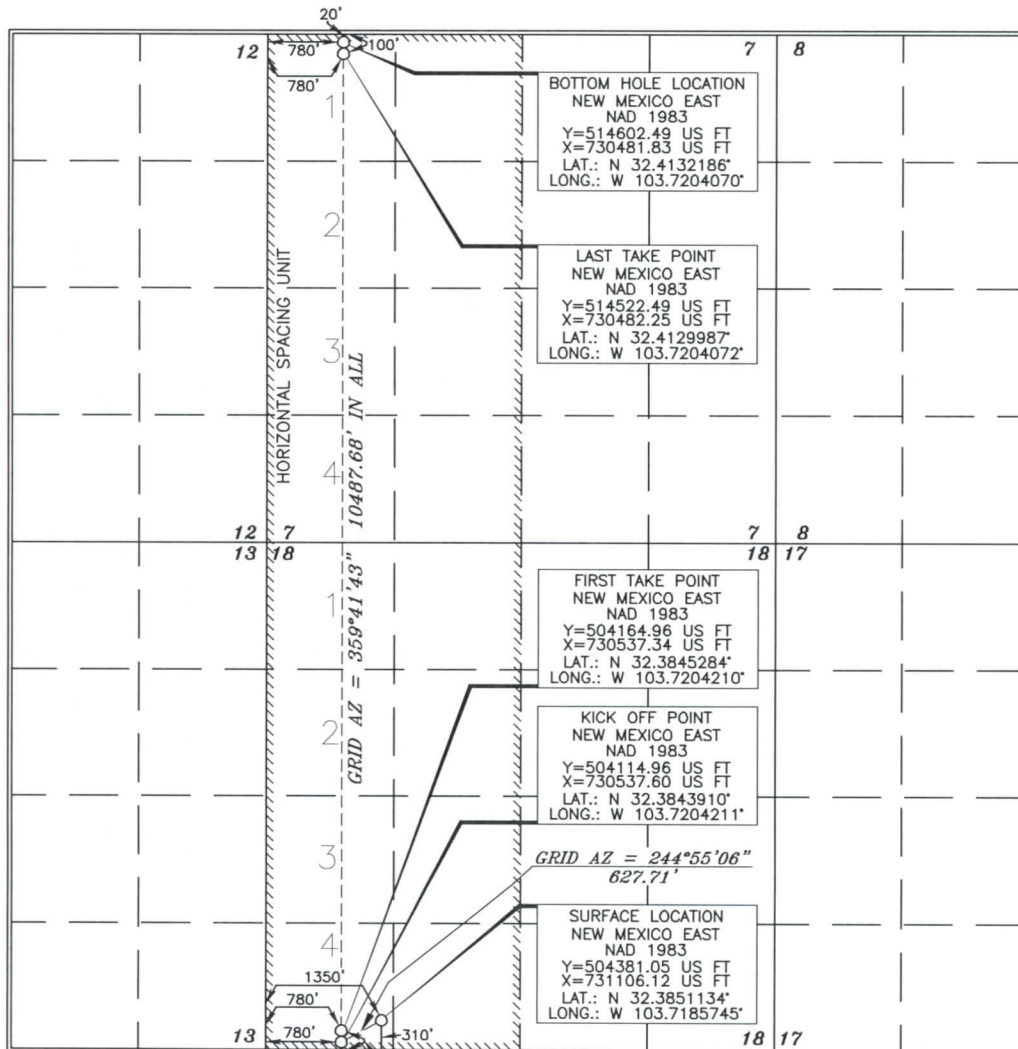
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| 4             | 18      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 310'          | SOUTH            | 1350'         | WEST           | LEA    |

**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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| 1             | 7       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 780'          | WEST           | LEA    |

| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. |
|-----------------|-----------------|--------------------|-----------|
| 640             |                 |                    |           |

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**OPERATOR CERTIFICATION**

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*Roni Mathew* 9/7/2022  
Signature Date

RONI MATHEW  
Printed Name  
roni\_mathew@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.

*James J. As...*  
15079  
AUGUST 13, 2019  
Date of Survey  
Signature and Seal of Professional Surveyor

*James J. As...* 10/2/2019  
Certificate Number 15079

WO# 190813WL-c (KA)

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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|                            |                                              |                                         |
|----------------------------|----------------------------------------------|-----------------------------------------|
| API Number<br>30-025-48163 | Pool Code<br>5695                            | Pool Name<br>BILBREY BASIN, BONE SPRING |
| Property Code<br>332928    | Property Name<br>DR PI FEDERAL UNIT 18_7 IPP | Well Number<br>72H                      |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.                | Elevation<br>3619.0'                    |

**Surface Location**

| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| 4             | 18      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 310'          | SOUTH            | 1385'         | WEST           | LEA    |

**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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| C             | 7       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 2150'         | WEST           | LEA    |

| 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  | <p><b>OPERATOR CERTIFICATION</b></p> <p>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.</p> <p><i>Roni Mathew</i> 9/7/2022<br/>Signature Date</p> <p>RONI MATHEW<br/>Printed Name<br/>roni_mathew@oxy.com<br/>E-mail Address</p> |  |
| <p><b>SURVEYOR CERTIFICATION</b></p> <p>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.</p> <p><i>ERRY J. ASH</i><br/>Signature and Seal of Professional Surveyor</p> <p>AUGUST 13, 2019<br/>Date of Survey</p> <p>Certificate Number 15079</p> <p>WO# 190813WL-d (KA)</p> |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |

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State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
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<br>30-025-48164 | Pool Code<br>5695                            | Pool Name<br>BILBREY BASIN, BONE SPRING |
| Property Code<br>332928    | Property Name<br>DR PI FEDERAL UNIT 18_7 IPP | Well Number<br>73H                      |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.                | Elevation<br>3672.6'                    |

Surface Location

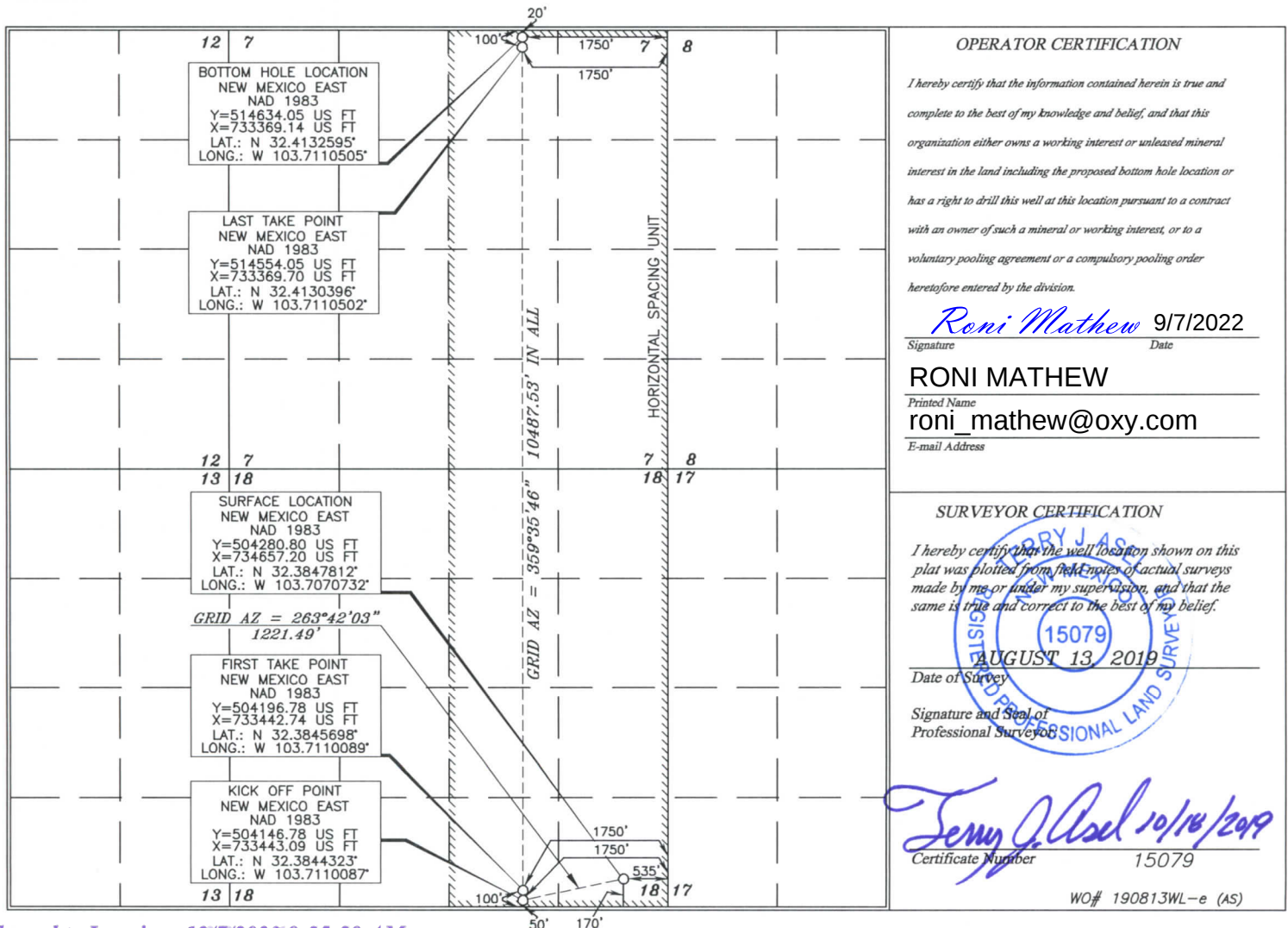
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| P             | 18      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 170'          | SOUTH            | 535'          | EAST           | LEA    |

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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| B             | 7       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 1750'         | EAST           | LEA    |

| 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.



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State of New Mexico  
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☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

|                                   |                                                     |                                                |
|-----------------------------------|-----------------------------------------------------|------------------------------------------------|
| API Number<br><b>30-025-48165</b> | Pool Code<br><b>5695</b>                            | Pool Name<br><b>BILBREY BASIN; BONE SPRING</b> |
| Property Code<br><b>332928</b>    | Property Name<br><b>DR PI FEDERAL UNIT 18_7 IPP</b> | Well Number<br><b>74H</b>                      |
| OGRID No.<br><b>16696</b>         | Operator Name<br><b>OXY USA INC.</b>                | Elevation<br><b>3672.6'</b>                    |

Surface Location

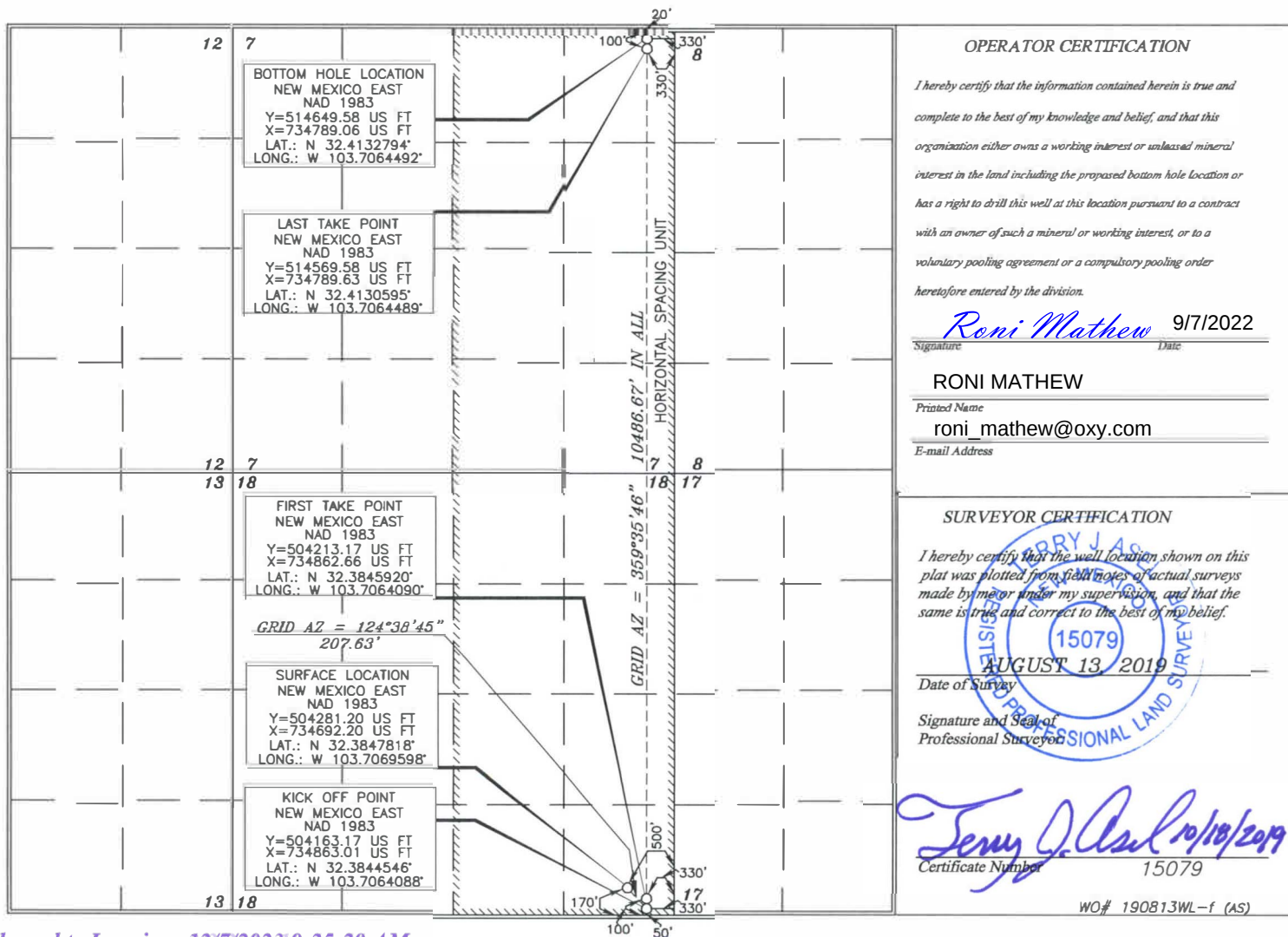
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| P             | 18      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 170'          | SOUTH            | 500'          | EAST           | LEA    |

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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| A             | 7       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 330'          | EAST           | LEA    |

|                               |                 |                    |           |
|-------------------------------|-----------------|--------------------|-----------|
| Dedicated Acres<br><b>640</b> | Joint or Infill | Consolidation Code | Order No. |
|-------------------------------|-----------------|--------------------|-----------|

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.



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.<br>MULTIPLE                                                                 |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                             |
| 7. Lease Name or Unit Agreement Name<br>DR PI FEDERAL UNIT 17_8 DA                       |
| 8. Well Number MULTIPLE                                                                  |
| 9. OGRID Number<br>16696                                                                 |
| 10. Pool name or Wildcat<br>BILBREY BASIN; BONE SPRING, SOUTH                            |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                       |

|                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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"/>                                                                         |  |
| 2. Name of Operator<br>OXY USA INC.                                                                                                                                                                    |  |
| 3. Address of Operator<br>5 GREENWAY PLAZA SUITE 100, HOUSTON TX 77046                                                                                                                                 |  |
| 4. Well Location<br>Unit Letter _____: _____ feet from the _____ line and _____ feet from the _____ line<br>Section 17 Township 22S Range 32E NMPM County LEA                                          |  |
| 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:                                                |                                           | 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 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: SURFACE COMMINGLE – PLC 834 <input checked="" 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.

OXY USA INC. requests approval to add the following wells to PLC 834 for Lost Tank 18 CPF (M-18-22S-32E). These wells will be in the currently approved pool of BILBREY BASIN; BONE SPRING, SOUTH (97366) and currently approved Unit/PA (NMNM143828X). Allocation will be by well test. The C-102 is attached.

This request is for oil production only. Gas production will be handled through an amendment to PLC 867A.

DR PI FEDERAL UNIT 17\_8 DA 11H: 30-025-48944  
 DR PI FEDERAL UNIT 17\_8 DA 12H: 30-025-48945  
 DR PI FEDERAL UNIT 17\_8 DA 24H: 30-025-48948  
 DR PI FEDERAL UNIT 17\_8 DA 71H: 30-025-49150  
 DR PI FEDERAL UNIT 17\_8 DA 72H: 30-025-49151  
 DR PI FEDERAL UNIT 17\_8 DA 73H: 30-025-48953  
 DR PI FEDERAL UNIT 17\_8 DA 74H: 30-025-48954

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 Eric Fortier TITLE Regulatory Engineer DATE 11/30/2023

Type or print name Eric Fortier E-mail address: Eric\_Fortier@oxy.com PHONE: 713-497-2203

**For State Use Only**

APPROVED BY: Dean R. McElure TITLE Petroleum Engineer DATE 12/07/2023

Conditions of Approval (if any):

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State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
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<br>30-025-48944 | Pool Code<br>97366                          | Pool Name<br>BILBREY BASIN; BONE SPRING, SOUTH |
| Property Code<br>332769    | Property Name<br>DR PI FEDERAL UNIT 17_8 DA | Well Number<br>11H                             |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.               | Elevation<br>3697.0'                           |

**Surface Location**

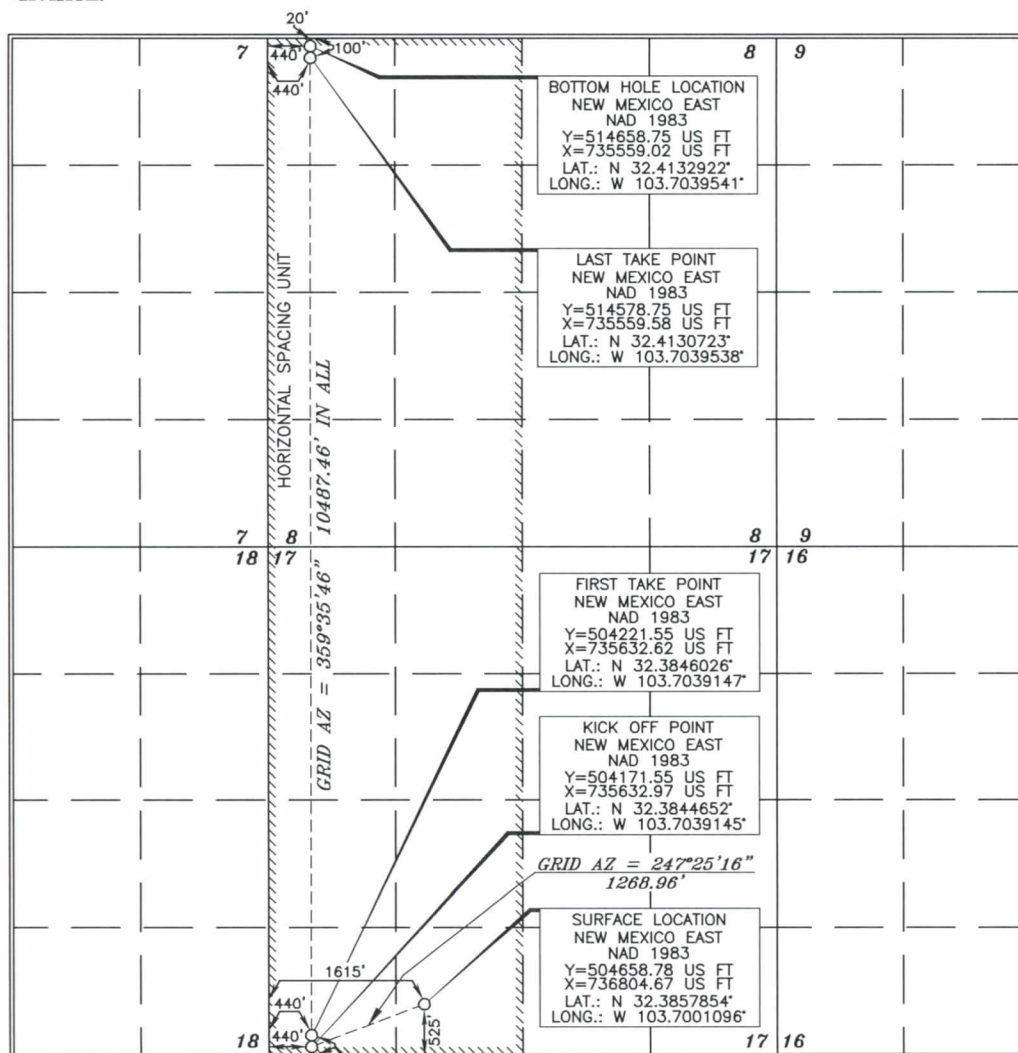
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| N             | 17      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 525'          | SOUTH            | 1615'         | WEST           | LEA    |

**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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| D             | 8       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 440'          | WEST           | LEA    |

| 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.

Roni Mathew 9/7/2022  
Signature Date

Roni Mathew  
Printed Name  
roni\_mathew@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.

JERRY J. ASE 15079  
Date of Survey

Signature and Seal of  
Professional Surveyor

Jerry J. Ase 9/12/2019  
Certificate Number 15079

WO# 190722WL-a (KA)

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

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WELL LOCATION AND ACREAGE DEDICATION PLAT

|                            |                                             |                                                |
|----------------------------|---------------------------------------------|------------------------------------------------|
| API Number<br>30-025-48945 | Pool Code<br>97366                          | Pool Name<br>BILBREY BASIN; BONE SPRING, SOUTH |
| Property Code<br>332769    | Property Name<br>DR PI FEDERAL UNIT 17_8 DA | Well Number<br>12H                             |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.               | Elevation<br>3697.0'                           |

Surface Location

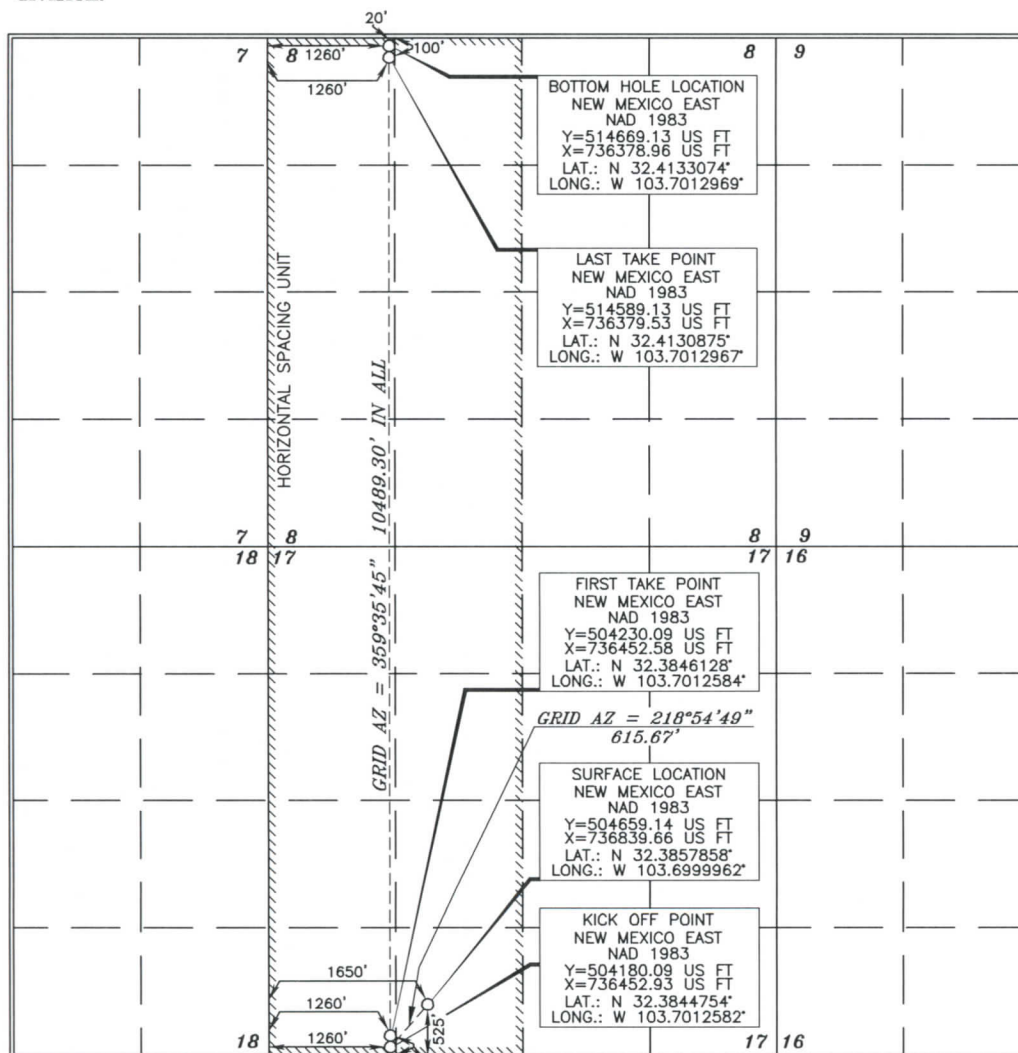
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| N             | 17      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 525'          | SOUTH            | 1650'         | WEST           | LEA    |

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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| D             | 8       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 1260'         | WEST           | LEA    |

| 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.

Roni Mathew 9/7/2022  
Signature Date

Roni Mathew  
Printed Name  
roni\_mathew@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.

Jerry J. Asst 15079  
Date of Survey

Signature and Seal of  
Professional Surveyor

Jerry J. Asst 9/12/2019  
Certificate Number 15079

WO# 190722WL-b (KA)

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WELL LOCATION AND ACREAGE DEDICATION PLAT

|                            |                                             |                                                |
|----------------------------|---------------------------------------------|------------------------------------------------|
| API Number<br>30-025-48948 | Pool Code<br>97366                          | Pool Name<br>BILBREY BASIN; BONE SPRING, SOUTH |
| Property Code<br>332769    | Property Name<br>DR PI FEDERAL UNIT 17_8 DA | Well Number<br>24H                             |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.               | Elevation<br>3673.6'                           |

Surface Location

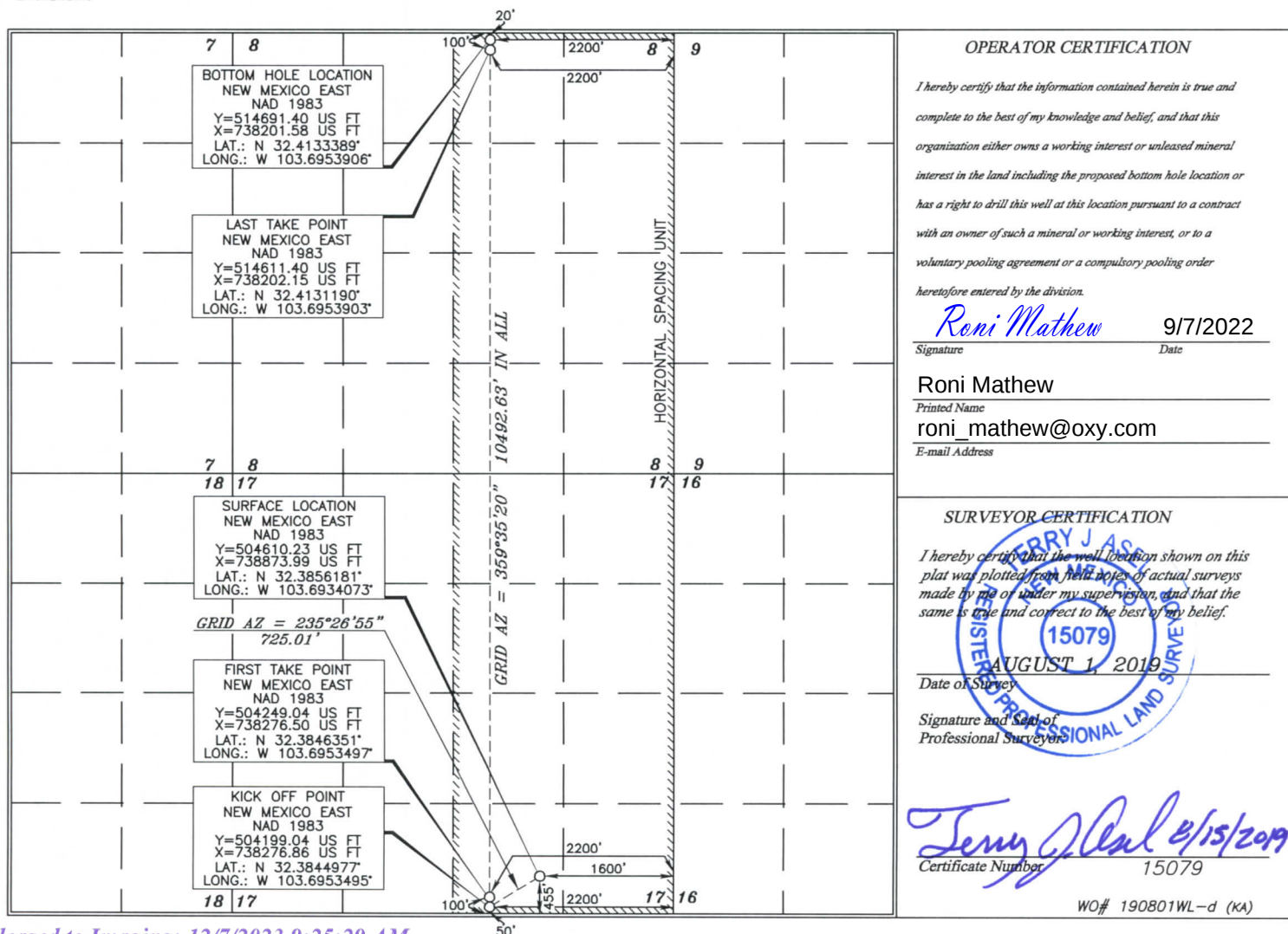
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| 0             | 17      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 455'          | SOUTH            | 1600'         | EAST           | LEA    |

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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| B             | 8       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 2200'         | EAST           | LEA    |

| 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.



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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|                            |                                             |                                                |
|----------------------------|---------------------------------------------|------------------------------------------------|
| API Number<br>30-025-49150 | Pool Code<br>97366                          | Pool Name<br>BILBREY BASIN; BONE SPRING, SOUTH |
| Property Code<br>332769    | Property Name<br>DR PI FEDERAL UNIT 17_8 DA | Well Number<br>71H                             |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.               | Elevation<br>3690.4'                           |

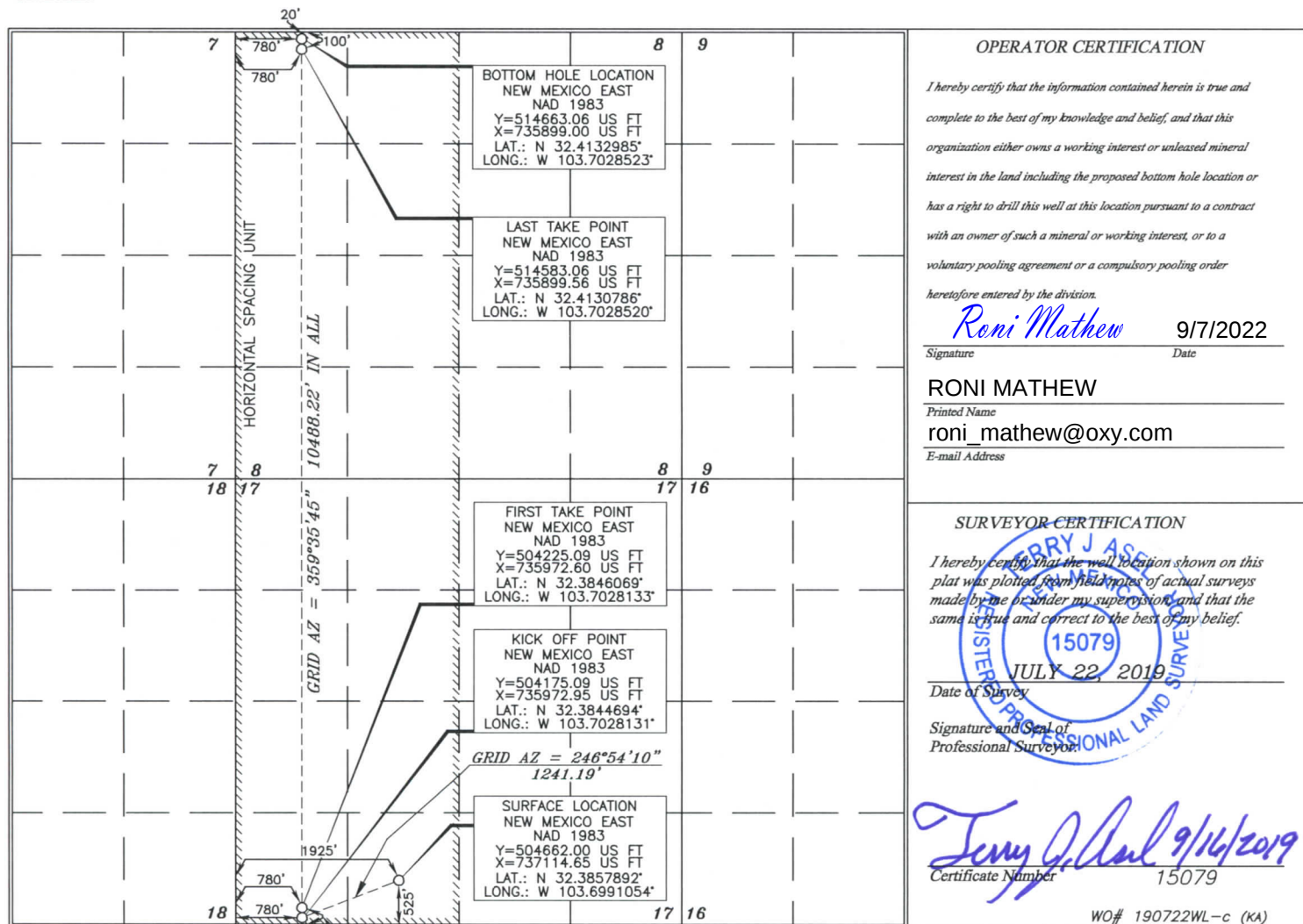
**Surface Location**

| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| N             | 17      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 525'          | SOUTH            | 1925'         | WEST           | LEA    |

**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 |
|------------------------|-----------------|--------------------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| D                      | 8               | 22 SOUTH           | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 780'          | WEST           | LEA    |
| Dedicated Acres<br>640 | Joint or Infill | Consolidation Code | Order No.         |         |               |                  |               |                |        |

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.



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**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|                            |                                             |                                                |
|----------------------------|---------------------------------------------|------------------------------------------------|
| API Number<br>30-025-49151 | Pool Code<br>97366                          | Pool Name<br>BILBREY BASIN; BONE SPRING, SOUTH |
| Property Code<br>332769    | Property Name<br>DR PI FEDERAL UNIT 17_8 DA | Well Number<br>72H                             |
| OGRID No.<br>16696         | Operator Name<br>OXY USA INC.               | Elevation<br>3690.9'                           |

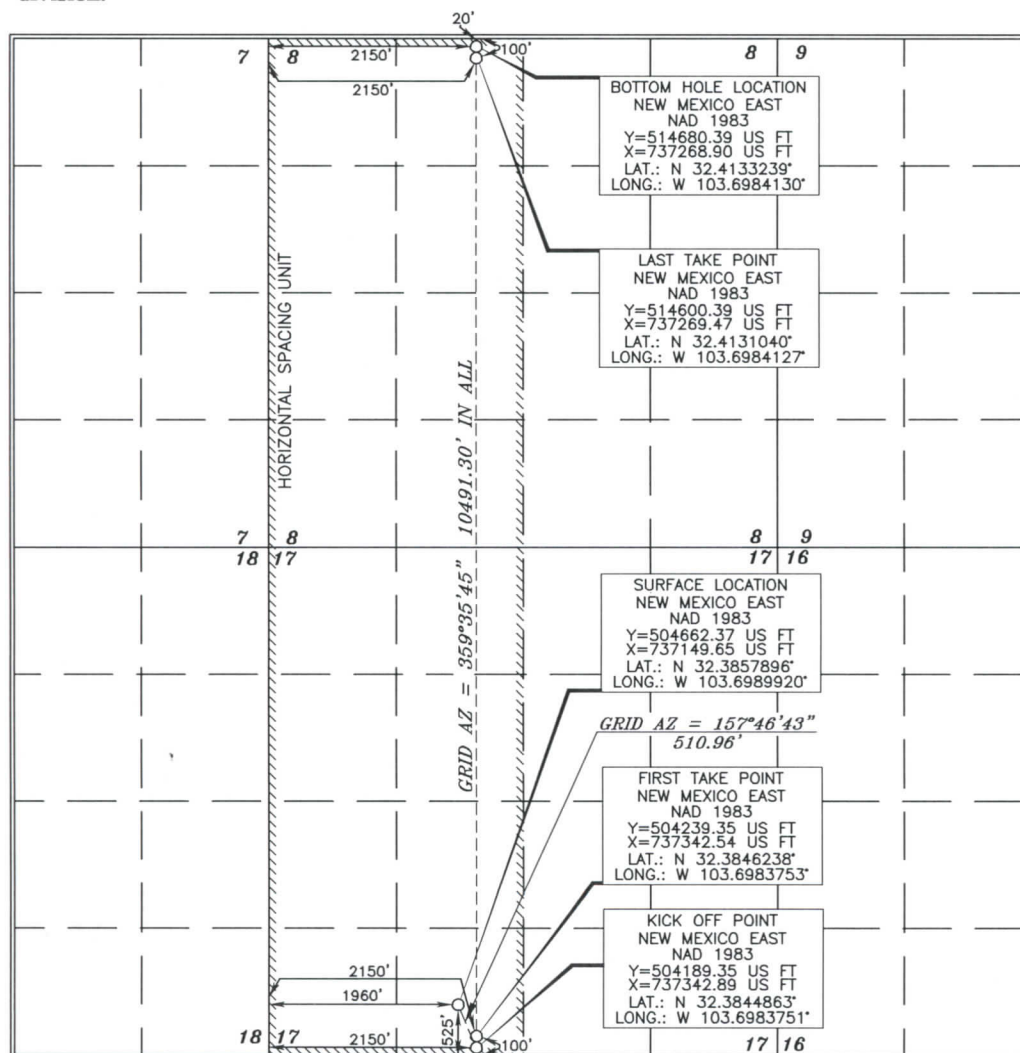
**Surface Location**

| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| N             | 17      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 525'          | SOUTH            | 1960'         | WEST           | LEA    |

**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 |
|------------------------|-----------------|--------------------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| C                      | 8               | 22 SOUTH           | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 2150'         | WEST           | LEA    |
| Dedicated Acres<br>640 | Joint or Infill | Consolidation Code | Order No.         |         |               |                  |               |                |        |

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.

Roni Mathew 9/7/2022  
Signature Date

RONI MATHEW  
Printed Name  
roni\_mathew@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.

JERRY J. ASH  
15079  
JULY 22, 2019  
Date of Survey  
Signature and Seal of Professional Surveyor

Terry J. Ash 9/16/2019  
Certificate Number 15079

WO# 190722WL-d (KA)

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
District II  
811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
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<br><b>30-025-48953</b> | Pool Code<br><b>97366</b>                          | Pool Name<br><b>BILBREY BASIN; BONE SPRING, SOUTH</b> |
| Property Code<br><b>332769</b>    | Property Name<br><b>DR PI FEDERAL UNIT 17_8 DA</b> | Well Number<br><b>73H</b>                             |
| OGRID No.<br><b>16696</b>         | Operator Name<br><b>OXY USA INC.</b>               | Elevation<br><b>3666.5'</b>                           |

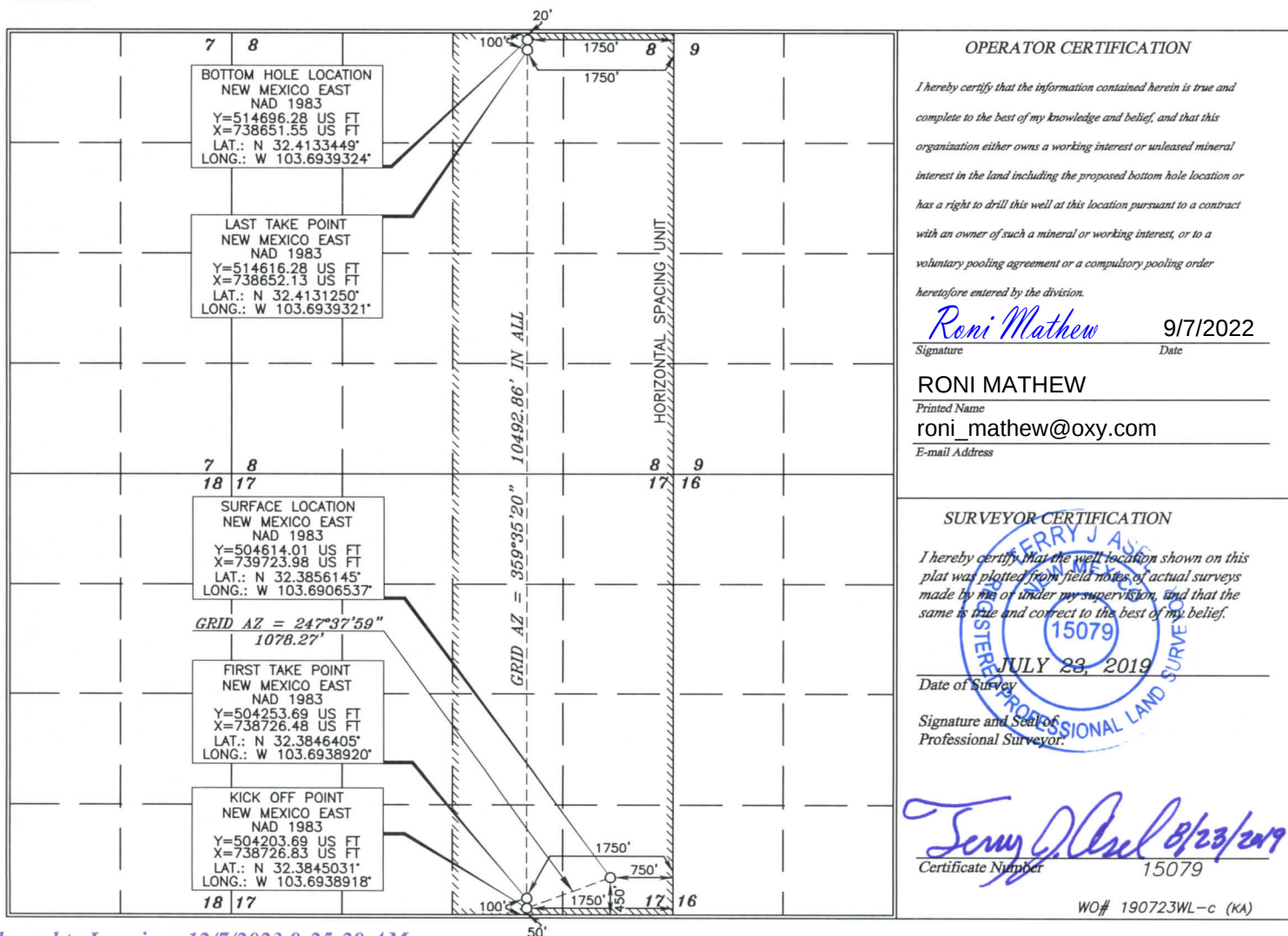
**Surface Location**

| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| P             | 17      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 450'          | SOUTH            | 750'          | EAST           | LEA    |

**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 |
|-------------------------------|-----------------|--------------------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| B                             | 8               | 22 SOUTH           | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 1750'         | EAST           | LEA    |
| Dedicated Acres<br><b>640</b> | Joint or Infill | Consolidation Code | Order No.         |         |               |                  |               |                |        |

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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.

Roni Mathew 9/7/2022  
Signature Date

**RONI MATHEW**  
Printed Name  
roni\_mathew@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.

JERRY J. ALLEN  
15079  
JULY 23, 2019  
Date of Survey  
Signature and Seal of Professional Surveyor

Jerry Allen 8/23/2019  
Certificate Number 15079

WO# 190723WL-c (KA)

District I  
1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720  
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1220 South St. Francis Dr.  
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☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

|                                   |                                                    |                                                       |
|-----------------------------------|----------------------------------------------------|-------------------------------------------------------|
| API Number<br><b>30-025-48954</b> | Pool Code<br><b>97366</b>                          | Pool Name<br><b>BILBREY BASIN; BONE SPRING, SOUTH</b> |
| Property Code<br><b>332769</b>    | Property Name<br><b>DR PI FEDERAL UNIT 17_8 DA</b> | Well Number<br><b>74H</b>                             |
| OGRID No.<br><b>16696</b>         | Operator Name<br><b>OXY USA INC.</b>               | Elevation<br><b>3666.8'</b>                           |

Surface Location

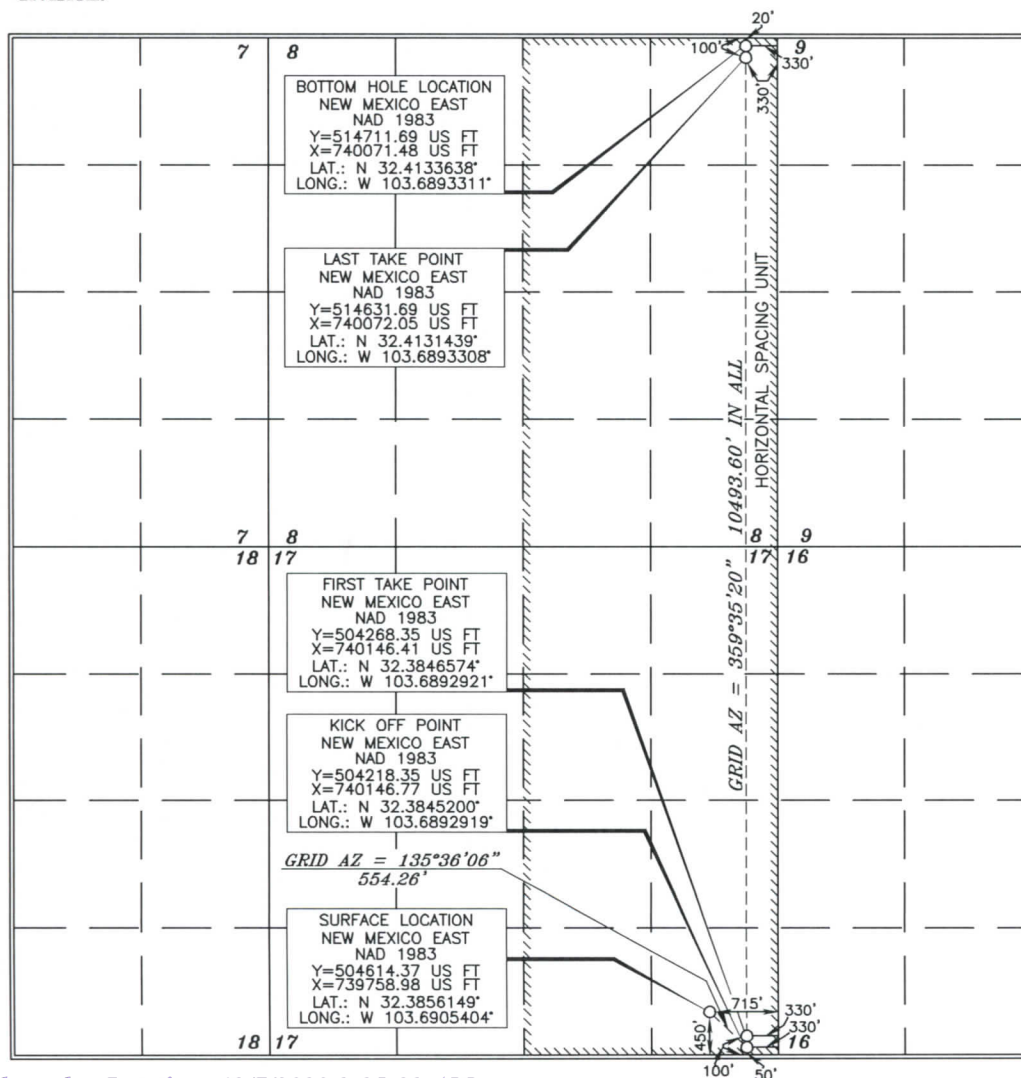
| UL or lot no. | Section | Township | Range             | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| P             | 17      | 22 SOUTH | 32 EAST, N.M.P.M. |         | 450'          | SOUTH            | 715'          | EAST           | LEA    |

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 |
|---------------|---------|----------|-------------------|---------|---------------|------------------|---------------|----------------|--------|
| A             | 8       | 22 SOUTH | 32 EAST, N.M.P.M. |         | 20'           | NORTH            | 330'          | EAST           | LEA    |

| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. |
|-----------------|-----------------|--------------------|-----------|
| 640             |                 |                    |           |

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OPERATOR CERTIFICATION

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*Roni Mathew* 9/7/2022  
Signature Date

RONI MATHEW

Printed Name  
roni\_mathew@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.

*Jerry J. Asch* 15079  
JULY 23, 2019  
Date of Survey  
Signature and Seal of Professional Surveyor

*Jerry J. Asch* 8/27/2019  
Certificate Number 15079

WO# 190723WL-d (KA)

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State of New Mexico  
Energy, Minerals and Natural Resources  
Oil Conservation Division  
1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS  
  
Action 292206

CONDITIONS

|                                                                        |                                                                    |
|------------------------------------------------------------------------|--------------------------------------------------------------------|
| Operator:<br><br>OXY USA INC<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br><br>16696                                                |
|                                                                        | Action Number:<br><br>292206                                       |
|                                                                        | Action Type:<br><br>[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. | 12/7/2023      |