

**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 Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

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

Form C-101  
August 1, 2011  
Permit 159181

**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

1. Operator Name and Address OXY USA INC PO Box 4294 Houston, TX 77210		2. OGRID Number 16696
4. Property Code 39587		3. API Number 30-015-40890
5. Property Name LOST TANK 35 STATE SWD		6. Well No. 001

**7. Surface Location**

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
J	35	21S	31E	J	1753	S	1875	E	EDDY

**8. Proposed Bottom Hole Location**

UL - Lot	Section	Township	Range	Lot Idn	Feet From	N/S Line	Feet From	E/W Line	County
A	35	21S	31E	J	1753	S	1875	E	Eddy

**9. Pool Information**

SWD;DELAWARE	96100
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**Additional Well Information**

11. Work Type New Well	12. Well Type OIL	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3534
16. Multiple N	17. Proposed Depth 4815	18. Formation Delaware	19. Contractor	20. Spud Date 1/1/2013
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

**21. Proposed Casing and Cement Program**

Type	Hole Size	Casing Type	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	14.75	11.75	42	825	680	0
Int1	10.625	8.625	32	4100	980	0
Prod	7.875	5.5	17	4815	710	0

**Casing/Cement Program: Additional Comments**

Additional Information will be sent with the C-144 CLEZ.
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**22. Proposed Blowout Prevention Program**

Type	Working Pressure	Test Pressure	Manufacturer
DoubleRam	3000	3000	

23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify I have complied with 19.15.14.9 (A) NMAC <input type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input checked="" type="checkbox"/> if applicable. Signature: _____ Printed Name: Electronically filed by KAREN M SINARD Title: _____ Email Address: karen_sinard@oxy.com Date: 12/11/2012   Phone: 713-366-5485	<b>OIL CONSERVATION DIVISION</b> Approved By: Randy Dade Title: District Supervisor Approved Date: 12/12/2012   Expiration Date: 12/12/2014 Conditions of Approval Attached
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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 October 12, 2005  
Submit to Appropriate District Office  
State Lease - 4 Copies  
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number <b>30-015-</b>	Pool Code <b>40299</b>	Property Name <b>Lost Tank Release</b>	Well Number <b>1</b>
Property Code <b>30457B</b>	Property Name <b>LOST TANK "35" STATE SWD</b>		Elevation <b>3533.9'</b>
OSRD No. <b>14696</b>	Operator Name <b>OXY USA INC.</b>		

UL or lot no	Section	Township	Range	Lot ten feet from the	North/South line	Feet from the	East/West line	County
<b>J</b>	<b>35</b>	<b>21 SOUTH</b>	<b>31 EAST, N.M.P.M.</b>	<b>1753'</b>	<b>SOUTH</b>	<b>1875'</b>	<b>EAST</b>	<b>EDDY</b>

UL or lot no	Section	Township	Range	Lot ten feet from the	North/South line	Feet from the	East/West line	County
<b>O</b>	<b>N</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 undivided mineral interest in the land including the proposed bottom hole location. I have 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.

Signature: *[Signature]* Date: *12/1/03*

Printed Name: *David Stuart-Res. Advisor*

**SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was located from field measurements and checked by me or by a competent person, and that the same is true and correct to the best of my belief.

Signature: *[Signature]* Date: *12/1/03*

Printed Name: *David Stuart-Res. Advisor*

**SURFACE LOCATION**

NAD 1983  
X = 681332.6  
Y = 621332.6  
LAT: N 33.4324555°  
LONG: W 103.7456323°

1753'

1875'

## Permit Comments

**Operator:** OXY USA INC , 16696

**Well:** LOST TANK 35 STATE SWD #001

**API:** 30-015-40890

Created By	Comment	Comment Date
STEWARTD	This well will be used for SWD. C-108 application is being filed 12/11/12.	12/11/2012
CSHAPARD	Land s/S	12/12/2012

## Permit Conditions of Approval

**Operator:** OXY USA INC , 16696

**Well:** LOST TANK 35 STATE SWD #001

**API:** 30-015-40890

OCD Reviewer	Condition
CSHAPARD	Once the well is spud, to prevent ground water contamination through whole or partial conduits from the surface, the operator shall drill without interruption through the fresh water zone or zones and shall immediately set in cement the water protection string