

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-103
August 1, 2011
Permit 169872

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: <u>O</u> 2. Name of Operator <p style="text-align: center;">OXY USA INC</p> 3. Address of Operator <p style="text-align: center;">PO Box 4294, Houston, TX 77210</p> 4. Well Location Unit Letter <u>D</u> : <u>1175</u> feet from the <u>N</u> line and <u>212</u> feet from the <u>W</u> line Section <u>22</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County 11. Elevation (Show whether DR, KB, BT, GR, etc.) <p style="text-align: center;">3562 GR</p> <p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		WELL API NUMBER <p style="text-align: center;">30-015-40855</p>
		5. Indicate Type of Lease <p style="text-align: center;">S</p>
		6. State Oil & Gas Lease No.
		7. Lease Name or Unit Agreement Name <p style="text-align: center;">ROO 22 STATE</p>
8. Well Number <p style="text-align: center;">014</p>		
9. OGRID Number <p style="text-align: center;">16696</p>		
10. Pool name or Wildcat		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <u>Drilling/Cement</u> <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
ROO 22 STATE #14
06/05/2013 - SPUDDED 11" SURFACE HOLE. DRILLED TO 438'.
06/06/2013 - RAN 8.625" 24# J55 SURFACE CASING TO 438'. CEMENTED W/ 210 SX 1.34 YLD; CIRCULATED 104 SX TO SURFACE. TOC = 0'. PRESSURE TESTED SURFACE CASING @ 2065 PSI - 30 MIN - GOOD TEST.
06/07/2013 - BEGAN DRILLING 7.875" PRODUCTION HOLE.
06/10/2013 - TD PRODUCTION HOLE @ 4957'. RAN 5.5" 17# L80 PRODUCTION CASING TO TD. CEMENTED W/ 830 SX 2.43 YLD; CIRCULATED 171 SX TO SURFACE. TOC = 0'.
06/11/2013 - RELEASED RIG.
6/5/2013 Spudded well.

Casing and Cement Program															
Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
	Surf	FreshWater	11	8.625	24	J55	0	438	210	1.34	C		2065	0	N
06/10/13	Prod	Brine	7.875	5.5	17	L80	0	4957	830	2.43	C				N

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed _____ TITLE _____ DATE 7/11/2013
Type or print name KAREN M SINARD E-mail address karen_sinard@oxy.com Telephone No. 713-366-5485

For State Use Only:
APPROVED BY: Randy Dade TITLE District Supervisor DATE 7/13/2013 2:19:37 PM