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|---|---|---|---|----------------|---------------------------|-------------|--|---|--|---------------------------------------|--|--|--|---|---|---|--|--|--------------|--|---|--|
| 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 270235 <hr/> WELL API NUMBER 30-015-44396 <hr/> 5. Indicate Type of Lease <hr/> 6. State Oil & Gas Lease No. <hr/> 7. Lease Name or Unit Agreement Name TURKEY TRACK 4 3 STATE | | | | | | | | | | | | | | | | | | | | |
| 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: O | | 8. Well Number 021H | | | | | | | | | | | | | | | | | | | | |
| 2. Name of Operator OXY USA WTP LIMITED PARTNERSHIP | | 9. OGRID Number 192463 | | | | | | | | | | | | | | | | | | | | |
| 3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294 | | 10. Pool name or Wildcat | | | | | | | | | | | | | | | | | | | | |
| 4. Well Location Unit Letter <u>4</u> : <u>1072</u> feet from the <u>N</u> line and feet <u>110</u> from the <u>W</u> line Section <u>4</u> Township <u>19S</u> Range <u>29E</u> NMPM _____ County <u>Eddy</u> | | | | | | | | | | | | | | | | | | | | | | |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.) 3414 GR | | | | | | | | | | | | | | | | | | | | | | |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 _____ | | | | | | | | | | | | | | | | | | | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width:100%;"> <tr> <td colspan="2" style="text-align: center;">NOTICE OF INTENTION TO:</td> <td colspan="2" style="text-align: center;">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> <td>REMEDIAL WORK <input type="checkbox"/></td> <td>ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>TEMPORARILY ABANDON <input type="checkbox"/></td> <td>CHANGE OF PLANS <input type="checkbox"/></td> <td>COMMENCE DRILLING OPNS. <input type="checkbox"/></td> <td>PLUG AND ABANDON <input type="checkbox"/></td> </tr> <tr> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>MULTIPLE COMPL <input type="checkbox"/></td> <td>CASING/CEMENT JOB <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Perforations/Tubing <input checked="" type="checkbox"/></td> </tr> </table> | | | NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | | PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE OF PLANS <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL <input type="checkbox"/> | CASING/CEMENT JOB <input type="checkbox"/> | | Other: _____ | | Other: Perforations/Tubing <input checked="" type="checkbox"/> | |
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| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/> | ALTER CASING <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | |
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| Other: _____ | | Other: Perforations/Tubing <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. RUPU 6/26/19. RIH to log then cleanout to PBTD 18034' MD, pressure test casing to 9800 psi for 30 minutes, good test. RIH and perf from 18001' to 7731' (see comments for stages). Total 1008 holes. Frac in 42 stages with 215474bbls slickwater and 16014924lbs sand, RD Schlumberger 7/16/19. RIH and clean out, turn to flowback and test for well potential. | | | | | | | | | | | | | | | | | | | | | | |
| Perforations Pool: TURKEY TRACK; BONE SPRING , 60660 Location: A -3-19S-29E 462 N 121 E | | | | | | | | | | | | | | | | | | | | | | |
| TOP | BOT | Open Hole | Shots/ft | Shot Size | Material | Stimulation | Amount | | | | | | | | | | | | | | | |
| 7731 | 18001 | N | 0 | 0.37 | Sand/Water | Frac | 16014924 | | | | | | | | | | | | | | | |
| Tubing | | | | | | | | | | | | | | | | | | | | | | |
| 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 NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> . | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE | | Electronically Signed | | TITLE | Manager Regulatory | | DATE | | | | | | | | | | | | | | | |
| Type or print name | | KELLEY MONTGOMERY | | E-mail address | kelley_montgomery@oxy.com | | Telephone No. | | | | | | | | | | | | | | | |
| | | | | | | | 7/24/2019 | | | | | | | | | | | | | | | |
| | | | | | | | 713-366-5716 | | | | | | | | | | | | | | | |
| For State Use Only: | | | | | | | | | | | | | | | | | | | | | | |
| APPROVED BY: | | Raymond Podany | | TITLE | Geologist | | DATE | | | | | | | | | | | | | | | |
| | | | | | | | 7/24/2019 3:00:28 PM | | | | | | | | | | | | | | | |

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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

Comments

Permit 270235

TUBING COMMENTS

| | |
|---|--------------------------|
| Operator: OXY USA WTP LIMITED PARTNERSHIP P.O. Box 4294 Houston, TX 77210-4294 | OGRID: 192463 |
| | Permit Number: 270235 |
| | Permit Type: Tubing |

Comments

| Created By | Comment | Comment Date |
|--------------|---|--------------|
| lesliereeves | Perf at 18001-17776,17756-17531,17511-17286,1266-17044,17021-16796,16776-16551,16533.1-16308.1,1286-16061,16041-15816,15796-15571,15551-15326,15306-15081,15062-14836,14816-14591,14571-14346,14327-14101,14081-13856,13836-13611,13591-13366,13347-13121,13102-12876,12857-12631,12612-12386,12366-12144,12121-11896,11874-11651,10631-10406,11387-11161,11142-10916,10896-10671,10651-10426,10406-10181,10161-9936,9917-9691,9672-9446,9427-9201,9182-8956,8936-8711,8692-8464,8446-8221,8199-7976 and 7957-7731. | 7/24/2019 |