| Office 27,131,2121,8146:56 PM                                                                 | State of New Mexico                                                                          | Form C-1831                                      |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------|
| <u>District I</u> – (575) 393-6161                                                            | Energy, Minerals and Natural Resources                                                       | Revised July 18, 2013                            |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283                    | OH, CONCERNATION PROGRAM                                                                     | WELL API NO.<br>30-005-60329                     |
| 811 S. First St., Artesia, NM 88210<br><u>District III</u> – (505) 334-6178                   | OIL CONSERVATION DIVISION<br>1220 South St. Francis Dr.                                      | 5. Indicate Type of Lease                        |
| 1000 Rio Brazos Rd., Aztec, NM 87410                                                          | Santa Fe, NM 87505                                                                           | STATE FEE FEE                                    |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505         | Santa 1 C, 14141 07505                                                                       | 6. State Oil & Gas Lease No.                     |
| SUNDRY NOTICES A                                                                              | AND REPORTS ON WELLS                                                                         | 7. Lease Name or Unit Agreement Name             |
| (DO NOT USE THIS FORM FOR PROPOSALS T<br>DIFFERENT RESERVOIR. USE "APPLICATION<br>PROPOSALS.) | O DRILL OR TO DEEPEN OR PLUG BACK TO A<br>I FOR PERMIT" (FORM C-101) FOR SUCH                | TWIN LAKES SAN ANDRES UNIT                       |
| 1. Type of Well: Oil Well Gas W                                                               | Vell Other                                                                                   | 8. Well Number #0 36                             |
| Name of Operator     PETROLIA ENERGY CORPORATION                                              |                                                                                              | 9. OGRID Number<br>371666                        |
| 3. Address of Operator                                                                        |                                                                                              | 10. Pool name or Wildcat                         |
| 710 N POST OAK, SUITE 512,                                                                    | HOUSTON, TX 77024                                                                            | TWIN LAKE; SAN ANDRES (ASSOC)(61570)             |
| 4. Well Location Unit Letter J: 1650                                                          | Conformation SOUTH 15 or and 220                                                             | 10                                               |
| Unit Letter_J : 1650 Section 36                                                               | feet from the SOUTH line and 23 Township 08S Range 28E                                       | 10feet from the <u>EAST</u> line  NMPM           |
|                                                                                               | Elevation (Show whether DR, RKB, RT, GR, etc.                                                | 3                                                |
|                                                                                               |                                                                                              |                                                  |
| 12. Check Appro                                                                               | priate Box to Indicate Nature of Notice,                                                     | Report or Other Data                             |
|                                                                                               |                                                                                              | •                                                |
| NOTICE OF INTEN PERFORM REMEDIAL WORK ☐ PLU                                                   | ITON TO:   G AND ABANDON   REMEDIAL WOR                                                      | SEQUENT REPORT OF:  K                            |
| TEMPORARILY ABANDON CHA                                                                       | ANGE PLANS COMMENCE DR                                                                       | ILLING OPNS. P AND A                             |
|                                                                                               | TIPLE COMPL CASING/CEMEN                                                                     | T JOB PNR                                        |
| DOWNHOLE COMMINGLE  CLOSED-LOOP SYSTEM                                                        |                                                                                              |                                                  |
| OTHER:                                                                                        | ☐ OTHER:                                                                                     |                                                  |
|                                                                                               | perations. (Clearly state all pertinent details, an EE RULE 19.15.7.14 NMAC. For Multiple Co | d give pertinent dates, including estimated date |
| proposed completion or recomple                                                               |                                                                                              | impletions: Attach wendore diagram of            |
| This well is plugged. Job start: 10,                                                          | /28/2021. Job complete: 11/8/2021.                                                           | See the attached job summary                     |
| details and plugged wellbore diag                                                             | ram for reference.                                                                           |                                                  |
|                                                                                               |                                                                                              |                                                  |
|                                                                                               |                                                                                              |                                                  |
|                                                                                               |                                                                                              |                                                  |
|                                                                                               |                                                                                              |                                                  |
|                                                                                               |                                                                                              |                                                  |
|                                                                                               |                                                                                              |                                                  |
|                                                                                               |                                                                                              |                                                  |
| Spud Date: 2/28/1975                                                                          | Rig Release Date:                                                                            |                                                  |
| 2,23,13,3                                                                                     |                                                                                              |                                                  |
| I hereby certify that the information above                                                   | is true and complete to the best of my knowledge                                             | re and helief                                    |
|                                                                                               | _                                                                                            |                                                  |
| SIGNATURE Leslie J.                                                                           | Reeves TITLE REGULATORY ADVIS                                                                | OR DATE 12/13/2021                               |
| Type or print name LESLIE REEVES                                                              |                                                                                              | ES@OXY.COM_PHONE: 713-497-2492                   |
| For State Use Only                                                                            | E-man address: LLOCIL_NLLVI                                                                  | FHONE: 110-431-2432                              |
| APPROVED BY: Year 3rd                                                                         | Compliance Officer                                                                           | A DATE 2/2/22                                    |
| APPROVED BY:                                                                                  |                                                                                              | ADATE_ 2/2/22                                    |
| -F. L                                                                                         | 575-263-6633                                                                                 |                                                  |

TWIN LAKES SAN ANDRES UNIT #036 30-005-60329 – PA JOB SUMMARY

10/28/2021

MIRU.

10/29/2021

DUG AROUND WELLHEAD TO INSTALL SURFACE GUAGE.

11/1/2021

POOH WITH RODS. POOH WITH TUBING. TUBING PARTED.

11/2/2021

NDWH. NU AND FUNCTION TEST BOP. POOH WITH MORE TUBING, STILL A FIH.

11/3/2021

FISHED THE RODS.~2 RODS AND PUMP LEFT IN HOLE.

11/4/2021

RIH AND TAGGED @ 2562'. CONFIRMED WITH OCD. RIH AND SET CIBP @ 2536'. TAGGED. TESTED TO 500PSI, HELD. PUMPED 25SX CL C CMT ON TOP. WOC.

11/5/2021

RIH AND TAGGED TOC @ 2163'. CONFIRMED WITH OCD. PULLED UP, EOT @ 1976'. PUMPED 25SX CL C CMT. WOC. TAGGED TOC @ 1582'. CONFIRMED WITH OCD. RIH AND PERF'D 1495'. EST RATE. SQZD 50SX CL C CMT. WOC.

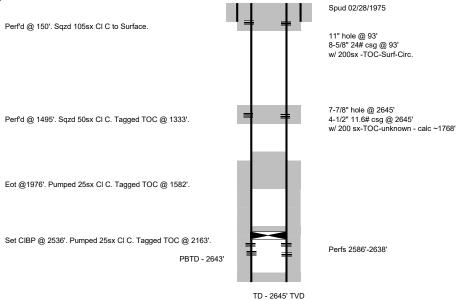
11/6/2021

RIH AND TAGGED TOC @ 1333'. RIH AND PERF'D @ 150'. EST RATE. SQZD 90SX CL C TO SURFACE.

11/8/2021

RIH AND TAGGED TOC @ 50'. TOPPED OFF WITH 15SX CL C CMT TO SURFACE. VERIFIED. RDMO.

Petrolia Energy Corporation (371666) - PLUGGED Twin Lakes San Andres Unit #036 API No. 30-005-60329



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

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** 

CONDITIONS

Action 66772

## **CONDITIONS**

| Operator:             | OGRID:                         |
|-----------------------|--------------------------------|
| OXY USA INC           | 16696                          |
| P.O. Box 4294         | Action Number:                 |
| Houston, TX 772104294 | 66772                          |
|                       | Action Type:                   |
|                       | [C-103] Sub. Plugging (C-103P) |

## CONDITIONS

| Created<br>By | Condition | Condition<br>Date |
|---------------|-----------|-------------------|
| kfortner      | None      | 2/2/2022          |