

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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.)		WELL API NO. 30-025-09878
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian, Ltd		6. State Oil & Gas Lease No.
3. Address of Operator 1017 W Stanolind Rd, Hobbs NM 88240		7. Lease Name or Unit Agreement Name EAST EUMONT UNIT
4. Well Location Unit Letter E , 2091 feet from the NORTH line and 660 feet from the WEST line Section 3 Township 19S Range 37E NMPM County LEA		8. Well Number 20
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)		

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: <input 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.

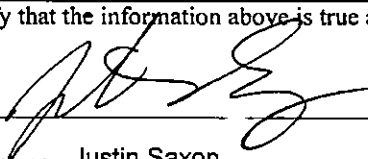
DATE 10-7-2020
PRESSURE TEST STARTING 500 PSI AND ENDING 500 PSI
LENGTH OF TEST 60 MINUTES
WITNESSED NO

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


TITLE Well Surveillance LeadDATE 10-14-20Type or print name Justin SaxonE-mail address: justin_saxon@oxy.comPHONE: 575-397-8206

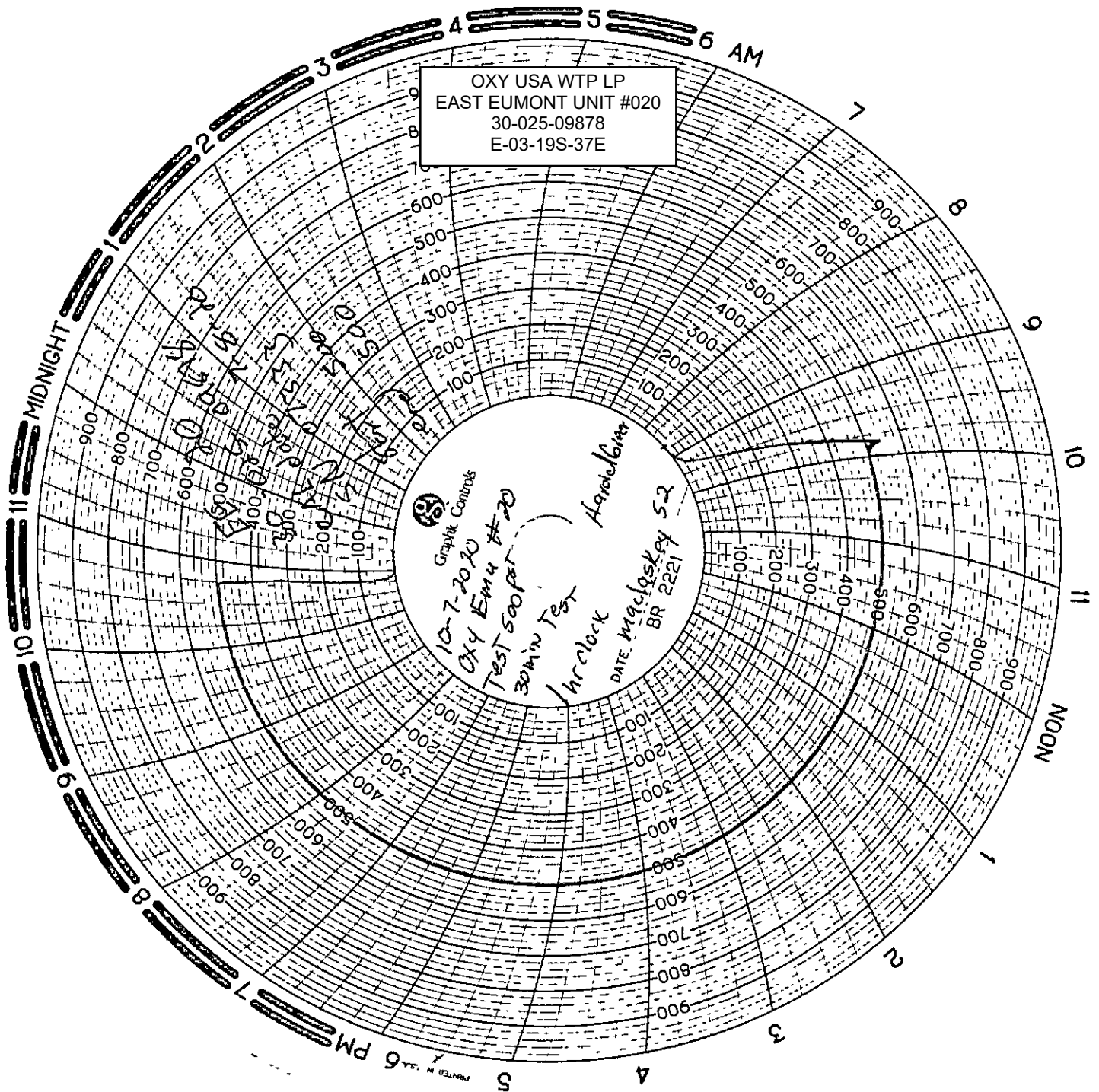
For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):



District I
1625 N. French Dr., Hobbs, NM 88240
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Santa Fe, NM 87505

CONDITIONS

Action 20836

CONDITIONS

Operator: OXY USA WTP LIMITED PARTNERSHIP P.O. Box 4294 Houston, TX 772104294	OGRID: 192463
	Action Number: 20836
	Action Type: [C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	4/13/2022