

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

Form C-103  
 Revised July 18, 2013

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

|                                                                                                                                                                                                        |  |                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.                                                                             |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> INJECTOR                                                                           |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator                                                                                                                                                                                    |  | 6. State Oil & Gas Lease No.                                                             |
| 3. Address of Operator                                                                                                                                                                                 |  | 7. Lease Name or Unit Agreement Name                                                     |
| 4. Well Location<br>Unit Letter _____: _____ feet from the _____ line and _____ feet from the _____ line<br>Section _____ Township _____ Range _____ NMPM _____ County _____                           |  | 8. Well Number                                                                           |
|                                                                                                                                                                                                        |  | 9. OGRID Number                                                                          |
|                                                                                                                                                                                                        |  | 10. Pool name or Wildcat                                                                 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)                                                                                                                                                     |  |                                                                                          |

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

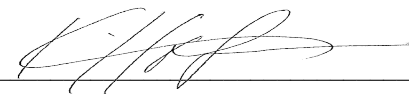
| NOTICE OF INTENTION TO:                        |                                           | SUBSEQUENT REPORT OF:                            |                                          |
|------------------------------------------------|-------------------------------------------|--------------------------------------------------|------------------------------------------|
| 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: MIT <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.

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 \_\_\_\_\_ DATE \_\_\_\_\_

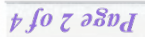
Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

**For State Use Only**

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

Accepted for record – NMOCD gc 6/1/2022



# MACLASKEY OILFIELD SERVICES

5900 WEST LOVINGTON HWY. HOBBS, NM 88240

505-393-1016

THIS IS TO CERTIFY THAT:

DATE: 6-14-2021

I, Albert Rodriguez METER TECHNICIAN FOR MACLASKEY OILFIELD SERVICES, INC. HAS CHECKED THE CALIBRATION ON THE FOLLOWING INSTRUMENT. 1000 PRESSURE RECORDER

SERIAL NUMBER

07333

TESTED AT THESE POINTS.

| PRESSURE <u>500</u> |            |           |
|---------------------|------------|-----------|
| TEST                | AS FOUND   | CORRECTED |
| <u>0</u>            | <u>100</u> | <u>✓</u>  |
| <u>100</u>          | <u>200</u> | <u>✓</u>  |
| <u>200</u>          | <u>300</u> | <u>✓</u>  |
| <u>300</u>          | <u>400</u> | <u>✓</u>  |
| <u>400</u>          | <u>500</u> | <u>✓</u>  |

| PRESSURE <u>1000</u> |             |          |
|----------------------|-------------|----------|
| TEST                 | AS FOUND    | CORRECT  |
| <u>500</u>           | <u>600</u>  | <u>✓</u> |
| <u>600</u>           | <u>700</u>  | <u>✓</u> |
| <u>700</u>           | <u>800</u>  | <u>✓</u> |
| <u>800</u>           | <u>900</u>  | <u>✓</u> |
| <u>900</u>           | <u>1000</u> | <u>✓</u> |

REMARKS:

SIGNED: Adrian

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
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1220 S. St Francis Dr.  
Santa Fe, NM 87505

CONDITIONS

Action 104333

CONDITIONS

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>157984                                     |
|                                                                               | Action Number:<br>104333                             |
|                                                                               | Action Type:<br>[C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

| Created By | Condition | Condition Date |
|------------|-----------|----------------|
| gcordero   | None      | 6/1/2022       |