

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

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 (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. 30-015-47559
1. Type of Well: Oil Well <input checked="" 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 OXY USA INC		6. State Oil & Gas Lease No.
3. Address of Operator 5 GREENWAY PLAZA SUITE 110, HOUSTON TX 77046		7. Lease Name or Unit Agreement Name SALT FLAT CC "20-29" FEDERAL COM
4. Well Location Unit Letter <u>D</u> : <u>558</u> feet from the <u>NORTH</u> line and <u>851</u> feet from the <u>WEST</u> line Section <u>20</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number #1H
11. Elevation ( <i>Show whether DR, RKB, RT, GR, etc.</i> )		9. OGRID Number 16696
10. Pool name or Wildcat PIERCE CROSSING; BONE SPRING		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: SURFACE COMMINGLE – PLC 750C <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

OXY USA INC requests approval to add Salt Flat CC "20-29" Federal Com #1H to PLC 750C. This well will be included in a currently approved pool (Pierce Crossing; Bone Spring) and currently approved proposed consolidated leases (CA BS 20-29 W2 T24S R29E) in PLC 750C. The C-102 is attached.

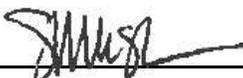
The facilities described in PLC 750C are unchanged – each facility has a sales-quality orifice meter (BLM gas FMP or equivalent meter) that continuously measures gas volume before it leaves the facility. Any commingling of wells upstream of these meters has been approved according to the Commingle Orders for each individual facility.

This request is for gas production only. Oil production will be handled through an amendment to PLC-658A for Salt Flat Battery Train #1 (C-20-24S-29E).

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 REGULATORY ENGINEER DATE 05/13/2022

Type or print name SANDRA MUSALLAM E-mail address: SANDRA\_MUSALLAM@OXY.COM PHONE: 713-366-5106

**For State Use Only**

APPROVED BY: Dean R. McClure TITLE Petroleum Engineer DATE 05/17/2022

Conditions of Approval (if any):

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1625 N. French Dr., Hobbs, NM 88240  
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State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-015-47559</b>	Pool Code <b>50371</b>	Pool Name <b>PIERCE CROSSING; BONE SPRING</b>
Property Code <b>321601</b>	Property Name <b>SALT FLAT CC "20_29" FEDERAL COM</b>	
OGRID No. <b>16696</b>	Operator Name <b>OXY USA INC.</b>	Well Number <b>1H</b>
		Elevation <b>2970.8'</b>

**Surface Location**

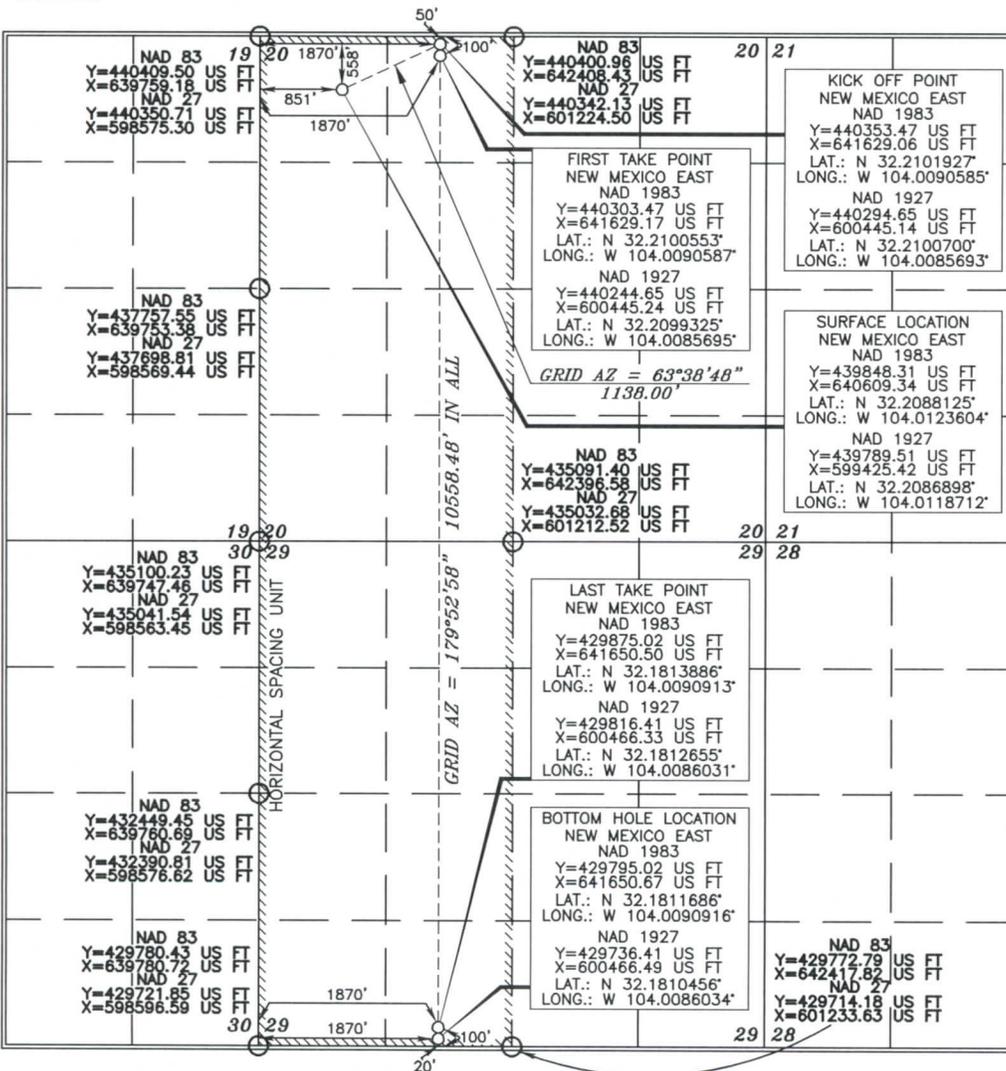
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	20	24 SOUTH	29 EAST, N.M.P.M.		558'	NORTH	851'	WEST	EDDY

**Bottom Hole Location If Different From Surface**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	29	24 SOUTH	29 EAST, N.M.P.M.		20'	SOUTH	1870'	WEST	EDDY

Dedicated Acres <b>640</b>	Joint or Infill	Consolidation Code	Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



**OPERATOR CERTIFICATION**

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Leslie T. Reeves* 06/29/2021  
Signature Date

**LESLIE REEVES**  
Printed Name  
**LESLIE\_REEVES@OXY.COM**  
E-mail Address

**SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

**NOVEMBER 26, 2018**  
Date of Survey

*Terry J. Paul*  
Signature and Seal of Professional Surveyor

**15079**  
Certificate Number

WO# 181126WL-b (Rev. B) (KA)