

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

WELL API NO. 30-025-26976
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name NBR
8. Well Number 001
9. OGRID Number 16696
10. Pool name or Wildcat SWD BELL CANYON/CHERRY CANYON
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3631'

**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: Oil Well  Gas Well  Other **SWD-1420-A**

2. Name of Operator  
OXY USA INC.

3. Address of Operator  
PO BOX 4294, HOUSTON, TX 77210

4. Well Location  
 Unit Letter **J** : **1980** feet from the **SOUTH** line and **1980** feet from the **EAST** line  
 Section **18** Township **22S** Range **33E** NMPM County **LEA**

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: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" 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: MIT <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TD-15372' PBD-6775' Perfs- 5030'-5960' CIBP- 3817'

5/4/17 – Check PSI tbg 0psi, csg 0psi, int csg 300psi. MIRU. RIH with plug and set at 5959'. Tested tubing at 1500psi, good test. Function tested BOP, good test. POOH with plug at 5959'.

5/5/17 – Check PSI on csg 0psi. Unseat packer and pull uphole with packer to 4693'. Loaded casing and tested to 500psi, got 100psi on intermediate. Perform test with intermediate valve open for 30 min, 500psi dropped to 490psi. Wait on plan forward.

5/8/17 – Check PSI tbg 0psi. Test csg to 500psi, 30 min, held. ND BOP. RIH with plug to 4697'. PSI test to 1500psi for 30 min, held. POOH with plug at 4697'. Pressure test chart ran to 500psi for 30 minutes. RDMO.

OXY was unable to locate the radial pressure chart performed in May 2017. A retest was performed in December 2017- Find the attached radial pressure chart for the subject well, 12/20/2017.

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 Leslie J. Reeves TITLE REGULATORY ADVISOR DATE 8/4/2020

Type or print name LESLIE REEVES E-mail address: LESLIE\_REEVES@OXY.COM PHONE: 713-497-2492

**For State Use Only**

APPROVED BY: P. Goetze TITLE  DATE 1/10/2021

Conditions of Approval (if any):

Accepted for  
Record Only

