

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. 30-015-44334
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 TURKEY TRACK 4-3 STATE
8. Well Number 31H
9. OGRID Number 192463
10. Pool name or Wildcat TURKEY TRACK; BONE SPRING

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 **ARTESIA DISTRICT**

2. Name of Operator
OXY USA WTP LP **AUG 27 2018**

3. Address of Operator
P.O. BOX 4294, HOUSTON, TX 77210 **RECEIVED**

4. Well Location
 Unit Letter: 4 : 1121 feet from the NORTH line and 570 feet from the WEST line
 Section 4 Township 19S Range 29E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3409 GR

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 checked="" 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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>		OTHER: <input type="checkbox"/>	
CLOSED-LOOP SYSTEM <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.

1. Cement volumes and density have changed from original permitted values due to unexpected wellbore conditions in the production hole. Cement excess in the production tail has increased from 15% to 20%. Lead cement density has decreased from 11.9ppg to 10.8ppg. Top and bottom depths reflect actual depths.

Casing String	# SKs	Wt. (lb/gal)	Yield (ft/yrk)	H ₂ O (gal/hr)	500ft Comp. Strength (hours)	Slurry Description
Production (Lead)	801	10.8	2.98	18.26	72hrs	Class H Cement, Retarder, Dispersant, Sah
Production (Tail)	2256	13.2	1.38	6.686	3:49	Class H Cement, Retarder, Dispersant, Sah

Casing String	Top (ft)	Bottom (ft)	% Excess
Production (Lead)	2315	7.731	100%
Production (Tail)	7731	19.017	20%

Spud Date: 10/05/2017 Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sarah Chapman TITLE: REGULATRY SPECIALIST DATE: 08/27/2018

Type or print name: SARAH CHAPMAN E-mail address: SARAH_CHAPMAN@OXY.COM PHONE: 713-350-4997
 For State Use Only

APPROVED BY: [Signature] TITLE: Staff Mgr DATE: 8-27-18
 Conditions of Approval (if any):