

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 88202
 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

RECEIVED
 APR 27 2018
 DISTRICT II-ARTESIA O.G.D.

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

WELL API NO. 30-015-40148
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-02023-0018
7. Lease Name or Unit Agreement Name Smokey Bits State Com
8. Well Number 6H
9. OGRID Number 192463
10. Pool name or Wildcat Benson Bone Spring
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3440.2 GR

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

2. Name of Operator
OXY USA WTP LP

3. Address of Operator
P.O. Box 50250, Midland, TX 79710

4. Well Location
 Unit Letter D : 405 feet from the North line and 330 feet from the West line
 Section 36 Township 18S Range 30E NMPM County Eddy

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

NOTICE OF INTENTION TO: 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"/>	SUBSEQUENT REPORT OF: 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: Recompletion <input checked="" 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.

RU PU 9/3/2016. POOH w/ rods, rod pump, and tbg. RIH w/ bit scraper and cleanout well to 9123'. RIH w/ tbg, composite bridge plug and set @ 9110 and pressure test plug to 1000 psi and pressure tested csg to 3500 psi, both good tests. RIH and perf @ 9091-8895', 8831-8635', 8571-8375', total 72 holes. Frac in 3 stages w/ Weatherford Trufac plugs set @ 8862' and 8602'. Frac w/ 6850 gals 7.5% HCl + 789096 gals SW + 1001180# sand. RIH and drill out Weatherford Trufac plugs @ 8582', 8845' and circulated, and cleaned out. RIH w/ tbg and set tbg anchor @ 7701'. RIH w/ 1" x 25' rods and 7/8" x 25' rods, rod pump, on/off tool, pressure test tbg to 500 psi. RD 9/23/16.

2/14/2017 RU PU, POOH w/ rods, rod, pump, and tbg. RIH w/ scraper and cleaned out well to 9113', drill out CBP at 9020', POOH. RIH w/ cyclone bailer and clean out to PBTD, 12757'. RIH w/ tbg and set TAC @ 7699'. RIH w/ 1" x 25' rods, 7/8" x 25' rods, rod pump, polish rod and 1.5" sinker bars. Pressure test tbg to 500 psi. RD 3/19/17.

Spud Date: 9/3/2016
2/14/2017

Rig Release Date: 9/23/2016
3/19/2017

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

SIGNATURE Sarah Mitchell TITLE Regulatory Specialist DATE 4/19/18

Type or print name Sarah Mitchell E-mail address: sarah_mitchell@oxy.com PHONE: 432-699-4318

For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 5-2-18
 Conditions of Approval (if any):