

Submit 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. 30-015-45552
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name LENGTH CC 6-7 FEDERAL COM
8. Well Number 24H
9. OGRID Number 16696
10. Pool name or Wildcat PIERCE CROSSING 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator OXY USA INC	
3. Address of Operator PO BOX 4294, HOUSTON, TX 77210	
4. Well Location Unit Letter C : 230 feet from the NORTH line and 2425 feet from the WST line Section 6 Township 24S Range 29E NMPM EDDY County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2958.7 GL	

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

Pursuant to the new horizontal rule 19.15.16.15, Oxy requests to amend the location of the permitted wellbore to be 330' from the WEST line of the horizontal spacing unit.

Please find updated C-102 and Supplemental form for your use.

RECEIVED

APR 23 2019

DISTRICT II-ARTESIA O.C.D.

Spud Date: 02/11/2019

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: Regulatory Specialist

DATE: 04/22/2019

Type or print name: Sarah Chapman

E-mail address: sarah_chapman@oxy.com

PHONE: 713-350-4997

For State Use Only

APPROVED BY: Raymond H. Rodney

TITLE: Geologist

DATE: 4/24/19

Conditions of Approval (if any):