

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

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. 30-015-40890
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA INC		6. State Oil & Gas Lease No. VG-3604-0002
3. Address of Operator PO BOX		7. Lease Name or Unit Agreement Name LOST TANK 35 STATE SWD
4. Well Location Unit Letter <u>K</u> : <u>2630</u> feet from the <u>SOUTH</u> line and <u>2630</u> feet from the <u>WEST</u> line Section <u>35</u> Township <u>21S</u> Range <u>31E</u> NMPM County <u>EDDY</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3522'		9. OGRID Number 16696
		10. Pool name or Wildcat SWD; DELAWARE

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 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: REPORT MIT TEST - 5 YEAR <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.

10/31/2019 PERFORMED 5 YEAR MIT ON THE SUBJECT WELL. PRESSURE HELD, GOOD TEST. ATTACHED THE MIT RADIAL CHART.

NM OIL CONSERVATION
ARTESIA DISTRICT

NOV 27 2019

RECEIVED

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 ADVISOR

DATE 11/26/2019

Type or print name LESLIE REEVES

E-mail address: LESLIE_REEVES@OXY.COM

PHONE: 713-497-2492

For State Use Only

APPROVED BY:

TITLE Compliance Officer

DATE 12-5-19

Conditions of Approval (if any):

State of New Mexico
Energy, Minerals and Natural Resources Department

Michelle Lujan Grisham
Governor

Sarah Cottrell Propst
Cabinet Secretary Designate

Todd E. Leahy, JD, PhD
Deputy Secretary

Gabriel Wade, Acting Director
Oil Conservation Division



Date: 10-31-19

API# 30-D15-40890

A Mechanical Integrity Test (M.I.T.) was performed on, Well Lost tank 35 state sud 1

D M.I.T. is **successful**, the original chart has been retained by the Operator on site. Send a **legible** scan of the chart with an attached **Original C-103 Form** indicating reason for the test, via post mail to District NMOC D field office. A scanned image will appear online via NMOC D website, www.emnrd.state.nm.us/ocd/OCOnline.htm 7 to 10 days after postdating.

____ M.I.T. is **unsuccessful**, the original chart is returned to the Operator. Repairs will be made, Operator is to schedule for a re-test within a 90-day period. If this is a test of a repaired well currently in non-compliance, all dates and requirements of the original are still in effect.

No expectation of extension should be construed because of this test.

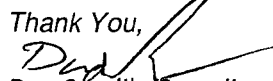
____ M.I.T. for **Temporary Abandonment**, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

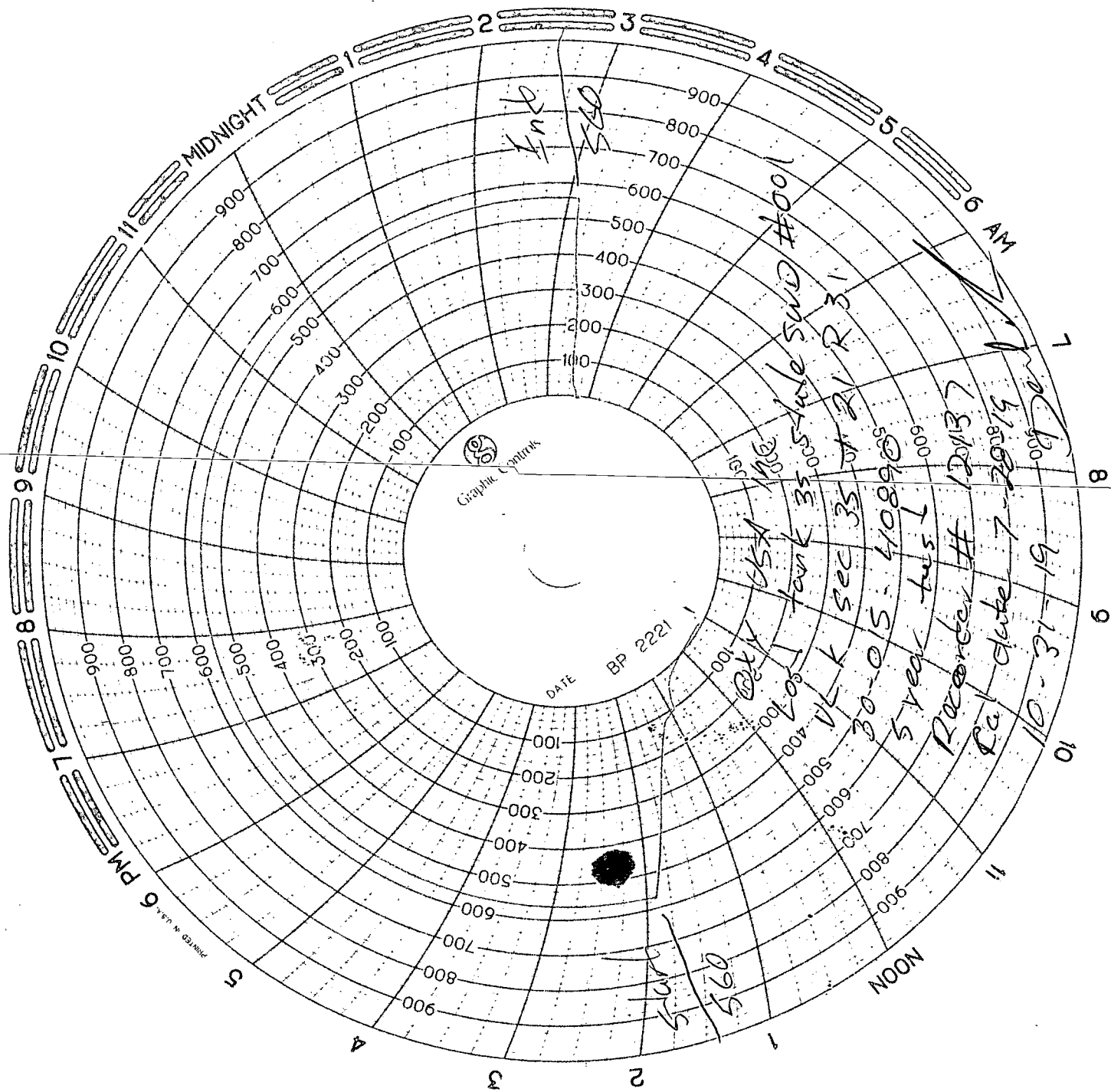
____ M.I.T. is **successful**, after the secondary request of a scheduled M.I.T. is performed. Therefore, Operator has within a 30-day period from the M.I.T. to submit a current C-103 along with a legible scan of the Chart, including a detailed description of the repair(s). **Only after receipt of the C-103 will the non-compliance be closed.**

____ M.I.T. is **successful**, Initial of an injection well, you must submit a **form C-103** to NMOC D within 30 days. A **C-103 form** must include a detailed description of the work performed on this well including the position of the packer, tubing Information, the date of first Injection, the tubing pressure and Injection volume.

Please contact me, DAN SMOLIK for verification to ensure documentation requirements are in place prior to injection process.

If I can be of additional assistance, please feel free to contact me at (575) 748-1283 ext.

Thank You,

Dan Smolik, Compliance Officer
EMNRD-O.C.D.
District II - Artesia, NM



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