|   |                                       |                           |                |                    | ~ ~)              | ۱ کر                                  |                                   |  |
|---|---------------------------------------|---------------------------|----------------|--------------------|-------------------|---------------------------------------|-----------------------------------|--|
| Submit 3 Copies To Appropriate District State of New Mexic  |                                       |                           |                |                    |                   | M                                     | Form C-103                        |  |
| Office District I   | Energy Minerals and Natural Resources |                           |                |                    |                   |                                       | ed March 25, 1999                 |  |
| 1625 N. French Dr., Hobbs, NM 87240   |                                       |                           |                |                    |                   | WELL APINO. 30-015- 30673             |                                   |  |
| District II<br>811 South First, Artesia, NM 8   | 5. Indicate                           | 5. Indicate Type of Lease |                |                    |                   |                                       |                                   |  |
| District III 2040 South Pacheco Santa Fe, NM 87505  |                                       |                           |                |                    |                   | STATE 🗶 FEE 🗌                         |                                   |  |
| District IV 2040 South Pacheco, Santa Fe, NM 87505  |                                       |                           |                | 87303              |                   | 6. State Oil & Gas Lease No.          |                                   |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   |                                       |                           |                |                    |                   | 7. Lease Name or Unit Agreement Name: |                                   |  |
| : (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.)   |                                       |                           |                |                    | 044 5             | osa St                                | ate                               |  |
| 1. Type of Well: Oil Well  G  | as Well 🔀                             | <b>∇</b> Other            |                |                    |                   |                                       |                                   |  |
| 2. Name of Operator V   |                                       | <u>J</u>                  |                |                    | 8. Well No        | . 1                                   |                                   |  |
| OXY USA Inc. 16696  |                                       |                           |                |                    |                   | 9. Pool name or Wildcat               |                                   |  |
| 3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250  |                                       |                           |                |                    |                   | Under Crow Flats Morrow               |                                   |  |
| 4. Well Location  |                                       |                           |                |                    |                   |                                       |                                   |  |
| Unit Letter   | K :                                   | 1780 feet f               | rom the So     | the line and       | 1 <u>1980</u> f   | et from the                           | west line                         |  |
|   |                                       |                           |                |                    |                   |                                       |                                   |  |
| Section   | ス                                     |                           | iship 175      |                    |                   | EDDY                                  | County                            |  |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.)  |                                       |                           |                |                    |                   |                                       |                                   |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |                                       |                           |                |                    |                   |                                       |                                   |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASE  |                                       |                           |                |                    |                   |                                       |                                   |  |
| TEMPORARILY ABANE   |                                       | CHANGE PLA                |                | COMMENCI           | E DRILLING OPNS   | s. 🔀 PLUC                             | S AND                             |  |
| PULL OR ALTER CASING  |                                       | MULTIPLE                  | _              |                    | CASING TEST AND   |                                       |                                   |  |
| PULL OR ALTER CASI  | <b>10</b>                             | COMPLETION                | l              | CEMENT JO          |                   | ×                                     |                                   |  |
| OTHER:  |                                       |                           |                | OTHER:             |                   |                                       |                                   |  |
| 12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion |                                       |                           |                |                    |                   |                                       |                                   |  |
| or starting any proport or recompilation.   | iosed work).                          | . SEE KULE II             | 03. FOR Multip | de Completions.    | Attach wendore di | agram or prof                         | osca compicaon                    |  |
| •   |                                       |                           |                |                    |                   | * * * * * *                           |                                   |  |
|   |                                       |                           |                |                    |                   |                                       | . 3                               |  |
|   |                                       |                           |                |                    |                   | 7                                     | 3,5                               |  |
|   |                                       |                           |                |                    |                   | Dr.                                   | <i>99</i> <u>3</u>                |  |
|   |                                       | ٠                         | other          | -11-               |                   | OCD - ARTI                            | ED 23                             |  |
|   |                                       | See                       | other          | 2196               |                   | "O ART                                | ESIA Z                            |  |
|   |                                       |                           |                |                    |                   |                                       |                                   |  |
|   |                                       |                           |                |                    |                   |                                       | ુ <sub>ક</sub> ુ કુ કેટર્જ જે<br> |  |
|   |                                       |                           |                |                    |                   |                                       |                                   |  |
|   |                                       |                           |                |                    |                   |                                       |                                   |  |
| Daniel Carrier  | :                                     | akana isaasa s            | nd 001 :-      | the heat of marile | owledge and halia | f                                     |                                   |  |
| I hereby certify that the   | information                           | above is true a           | na complete to | me best of my Kn   | owiedge and belie |                                       | . ( ) -                           |  |
| SIGNATURE   | 1/w .                                 | 8th                       | TIT            | LE <u>REGULAT</u>  | ORY ANALYST       | DA                                    | TE 8(3(99                         |  |
| Type or print name  | DA                                    | VID STEWAR                | Τ              |                    |                   | No. 915-685-                          | 5717                              |  |
| (This space for State us  | se)                                   | in W.                     | Bum            | O:                 | trict Super       | د معمد                                |                                   |  |
| 4 PPPROVED BY   |                                       |                           | B6X TITI       | .E.                | mes syrs          | DA'                                   | TE 8-4-99                         |  |

Conditions of approval, if any:

ATTACHMENT C-103 OXY USA INC. OXY SOSA STATE #1 SEC 12 T17S R27E EDDY COUNTY, NM

NOTIFIED NMOCD 7/23/99, MIRU FWA-PETERSON #308, SPUD WELL @ 0100hrs MDT 7/24/99. DRILL 17-1/2" HOLE DRILL TO TD @ 407', 7/24/99. RIH W/ 13-3/8" 48# H40 CSG & SET @ 407'. M&P 163sx 35:65 POZ/C W/ 6% BENTONITE + 2% CaCl<sub>2</sub> + FOLLOWED BY 200sx CL C W/ 2% CaCl<sub>2</sub>, DISP W/ FW, PLUG DOWN @ 2130hrs MDT 7/24/99, CIRC 100sx CMT TO PIT, WOC-6hrs. NMOCD NOTIFIED, BUT DID NOT WITNESS. CUT OFF CASING, WELD ON STARTING HEAD, TEST TO 500#, OK. NU BOP & TEST BLIND RAMS & CASING TO 500#, OK. TEST PIPE RAMS & HYDRIL TO 500#, OK. TOTAL WOC-18hrs. RIH & TAG, DRILL OUT & DRILL AHEAD 7/25/99.

DRILL 11" HOLE TO TD @ 1503' 7/26/99 & RUN FLUID CALIPER, POOH. RIH W/ 8-5/8" 24-32# K55 CSG & SET @ 1500'. M&P 535sx 65:35 C/POZ W/ 6% BENTONITE + 2% CaCl<sub>2</sub> + .25#/sx CELLOFLAKE + 5#/sx GILSONITE FOLLOWED BY 200sx CL C W/ 2% CaCl<sub>2</sub>, DISP/FW, PLUG DOWN @ 1900hrs MDT 7/26/99, CIRCULATE 57sx CMT TO PIT, WOC-4hrs. PU BOP & SET SLIPS W/ 40000#. NU 5M GULFCO B SECTION, TEST SEALS TO 1000#, OK. TEST BLIND RAMS, PIPE RAMS, CHOKE LINES, CHOKE MANIFOLD AND SAFETY VALVES TO 5000#, OK. TEST HYDRIL TO 2500#, OK. TEST KILL LINE, MUD LINES, & CASING TO 2000#, OK, TOTAL WOC-18hrs. RIH & DO CMT, TEST CSG, OK, NMOCD NOTIFIED OF CSG/CMT JOB & BOP TEST, BUT DID NOT WITNESS. DRILL AHEAD.

