Energy, Migerals and Natural Resources  Energy, Migerals and Natural Resources  Energy, Migerals and Natural Resources  Deficial To French Dr. Hobbs, NM 87210  Deficial French Dr. Hobbs, NM 87210  Santa Fre, NM 87505  Santa Fre, NM 8	Submit 3 Copies To Appropriate District Office	State of	of New Mo	exico		Form C	2-103	
District   Silosub First, Artesia, NM 87210   2040 South Pacheco   Santa Fe, NM 87505   Sa	District I	Energy, Minerals and Natural Resources						
SIL SOUR FIRS, ARREIR, NMS 2710  OUR CONSENSATION  OUR CONSENSATION  OUR CONSENSATION  OUR CONSENSATION  OUR CONSENSATION  SAILS FOR NM 27410  SAILS FOR NM 27505  SAILS FOR NM 27505  SAILS FOR NM 27505  SUNDRY NOTICES AND REPORTS ON WELLS  OUR NATISE THIS FORM NOT PRODUCT AND RELECTION FOR REPORTS ON WELLS  OUR CONSENSATION OF PRODUCT AND RELECTION FOR REPORTS ON WELLS  OUR CONSENSATION OF PRODUCT AND RELECTION FOR REPORTS ON WELLS  OUR CONSENSATION OF PRODUCT AND RELECTION FOR REPORTS ON WELLS  OUR CONSENSATION OF PRODUCT AND RELECTION FOR REPORT OF SECHOLOGY  OXY USA Inc.  1. Type of Well  OIL EVENTON OF P.O. BOX 50250  MIDLAND, TX 79710-0250  4. Well Location  Unit Letter						0-015- 207 1  -		
State   File   State   State   File   State   State   File   File   State   File   File   State   File   State   File   File   File   State   File   Fil	811 South First, Artesia, NM 87210							
Salta Per Not   Saltia Per Not   South   Sou								
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOOF REPORDALS TO DEBLE OR TO PERMIT (FORM C-101) FOR SUCH PROPOSALS)  1. Type of Well: Oil Well   Gay Well   Other  2. Name of Operator   OXY USA Inc.   16696  3. Address of Operator   OXY USA Inc.   16696  4. Well Location Unit Letter   Gay Well	District IV	Santa	Fe, NM 8	7505				
GONNT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEPERD OR PLUE BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)  1. Type of Well: Oil Well: Oil Well   Gog Well   G	2040 South Pacheco, Santa Fe, NM 87505					Gus Equiso 110.		
Oil Well Gas Well OXY USA Inc.  OXY USA  Inc.  OXY USA INC.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY USA Inc.  OXY OXY Inc.  OXY USA INC	(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)		-	lame:				
OXY USA Inc.  16696  3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250  4. Well Location Unit Letter	_							
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250  4. Well Location Unit Letter 4 990 feet from the North line and 990 feet from the Uest line Section 2 Township L85 Range 25E NMPM EDDY County  10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3 494  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND ABANDON CHANGE PRICE COMPLETION  TEMPORARILY ABANDON CHANGE PLUG AND ABANDON ABANDON ABANDON ABANDON ABANDON COMPLETION  TEMPORARILY ABANDON CHANGE COMPLETION  OTHER: OTHER: ST  TOWNSHIP LAW ABANDON CHANGE PLUG AND ABANDON ABANDON ABANDON ABANDON ABANDON ABANDON COMPLETION  OTHER: OTHER: ST  TOWNSHIP LAW ABANDON CHANGE PLUG AND ABANDON ABANDON ABANDONMENT CASING TEST AND COMPLETION  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE AS A STATE ABANDON ABA	•				8. Well No.	1		
P.O. BOX 50250 MIDLAND, TX 79710-0250  4. Well Location  Unit Letter		SA Inc.		16696	\			
Unit Letter 4 : 990 feet from the North line and 990 feet from the West line  Section 2 Township \(\frac{1}{8}\) Senge \(\frac{2}{8}\) RRB \(\frac{RT}{RTB}\) RT, \(\frac{GR}{RC}\) etc.  10. Elevation \((\frac{1}{8}\) Show whether DR, \(\frac{RTB}{RTB}\) RT, \(\frac{GR}{GR}\) etc.  3 \(\frac{1}{3}\) 4-4  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   SUBSEQUENT REPORT OF:  REMEDIAL WORK   ALTERING CASING    TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS   PLUG AND ABANDONMENT    TEMPORARILY ABANDON   CHANGE PLANS   CASING TEST AND CEMENT JOB    OTHER: DST   ST    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 recompilation.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   TITLE REGULATORY ANALYST   DATE \(\frac{12}{5}\) SEE SIGNATURE   TITLE REGULATORY ANALYST   Telephone No. 915-685-5717  Type or print name   DAVID STEWART   Telephone No. 915-685-5717  Title Starting Approved by Signature   Title Regulatory Analyst   Title Regulatory Approved by Signature   Title Regulatory Approved	<u>.</u>	V 60060 MIDI AND	TV 7071	0.0250				
Unit Letter 4 990 feet from the Worth line and 990 feet from the West line  Section 2 Township 185 Range 256 NMPM EDDY County  10. Elevation (Show whether DR RKB, RT, GR, etc.) 3-4-9-4  11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING    TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT    PULL OR ALTER CASING   MULTIPLE   CASING TEST AND CEMENT JOB  OTHER:   ST   ST    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 recompilation.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   TITLE REGULATORY ANALYST   DATE 12 (15 (27) Type or print name   DAVID STEWART   Telephone No. 915-685-5717  Type or print name   DAVID STEWART   Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY   June 1915   J		X 50250 MIDLAND	, 1X /9/1	0-0230	Mudsg. Atol	ca Morrow, u	<u> 1854</u>	
Section 2 Township \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4. Well Location							
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3 494  11. Check Appropriate Box to Indicate Nature of Notice. Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT   PULL OR ALTER CASING   MULTIPLE   CASING TEST AND   CEMENT JOB   OTHER:   OTHER: DST   STAND    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 recompilation.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   STAND   STAN	Unit Letter <u> </u>	990 feet from the	ie <u>Non</u>	H line and	٩٩٥feet fr	om the West	_line	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3 494  11. Check Appropriate Box to Indicate Nature of Notice. Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING   TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT   PULL OR ALTER CASING   MULTIPLE   CASING TEST AND   CEMENT JOB   OTHER:   OTHER: DST   STAND    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 recompilation.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   STAND   STAN	Section 2	Township	IRS R	ange 25E	NMPM E	EDDY Co	ounty	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING    TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND  PULL OR ALTER CASING   MULTIPLE   CASING TEST AND   CEMENT JOB  OTHER:   OTHER:   SST   ST  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 recompilation.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   TITLE REGULATORY ANALYST   DATE 12(15(19))  Type or print name   DAVID STEWART   Telephone No. 915-685-5717  This space for State use)  APPPROVED BY   DATE 1/3 /								
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING    TEMPORARILY ABANDON   CHANGE PLANS   COMMENCE DRILLING OPNS.   PLUG AND ABANDONMENT    PULL OR ALTER CASING   MULTIPLE   COMPLETION   CEMENT JOB    OTHER:   ST   ST    12. Describe proposed or completed operations. (Clearly state all pertinent datals, 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 recompilation.  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE   TITLE   REGULATORY ANALYST   DATE 12[15] 19  Type or print name   DAVID STEWART   Telephone No. 915-685-5717  This space for State use)   June 14   June 1								
PERFORM REMEDIAL WORK  PLUG AND ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS. ABANDONMENT  ABAN		• • •	Indicate N		-			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. ABANDONMENT CASING TEST AND CEMENT JOB  OTHER: ST SEE OHLER SIDE  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE DAVID STEWART TITLE REGULATORY ANALYST DATE 12 [15 [19]]  Type or print name DAVID STEWART TITLE REGULATORY ANALYST DATE 1 [2 [15]]  DATE 1 [2 [15]]  FULUS AND ABANDONMENT CASING TEST AND CEMENT JOB  OTHER: SST SEE OHLER SIDE  CASING TEST AND CHARACTORY ANALYST DATE 12 [15]  PLUG AND ABANDONMENT CASING TEST AND CEMENT JOB  OTHER: SST SEE OHLER SIDE  TITLE REGULATORY ANALYST DATE 12 [15]  Title REGULATORY ANALYST Telephone No. 915-685-5717  Within Superior Comments of the comment of t								
PULL OR ALTER CASING MULTIPLE COMPLETION CEMENT JOB  OTHER: OTHER: DST MILE OF STATE	PERFORM REMEDIAL WORK	PLUG AND ABANDO	ои 🗀	REMEDIAL WO	RK 📋	ALTERING CASI	NG 🗌	
PULL OR ALTER CASING MULTIPLE COMPLETION CEMENT JOB  OTHER: OTHER: ST  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 recompilation.  See other side  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE REGULATORY ANALYST  Telephone No. 915-685-5717  Telephone No. 915-685-5717  This space for State use)  APPPROVED BY  June 12 (15 (29))  Approved by June 12 (15 (29))  TITLE Date (15 (29))  Approved by June 12 (15 (29))  TITLE Date (15 (29))  DATE (15 (29))  DATE (15 (29))	TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DE	RILLING OPNS.		_ 🗆	
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 recompilation.  See other side  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE	PULL OR ALTER CASING				AND 🔀	ABANDONNEN		
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 recompilation.  See other side  Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE	OTHER:			OTUED.			<b>□</b>	
Thereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  Type or print name  DAVID STEWART  Telephone No. 915-685-5717  This space for State use)  APPPROVED BY  A track wellbore diagram of proposed completions: Attach wellbore diagram of proposed completion or recompilation.		(Classic		_				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE REGULATORY ANALYST  Telephone No. 915-685-5717  Type or print name  DAVID STEWART  Telephone No. 915-685-5717  This space for State use)  APPPROVED BY  DATE / 13.63	of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE REGULATORY ANALYST  Telephone No. 915-685-5717  Type or print name  DAVID STEWART  Telephone No. 915-685-5717  This space for State use)  APPPROVED BY  DATE / 13.63	•							
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE REGULATORY ANALYST  Telephone No. 915-685-5717  Type or print name  DAVID STEWART  Telephone No. 915-685-5717  This space for State use)  APPPROVED BY  DATE / 13.63					171616	4.5%		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE REGULATORY ANALYST  Telephone No. 915-685-5717  Type or print name  DAVID STEWART  Telephone No. 915-685-5717  This space for State use)  APPPROVED BY  DATE / 13.63								
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE REGULATORY ANALYST  Telephone No. 915-685-5717  Type or print name  DAVID STEWART  Telephone No. 915-685-5717  This space for State use)  APPPROVED BY  DATE / 13.63					4			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.  SIGNATURE  TITLE REGULATORY ANALYST  Telephone No. 915-685-5717  Type or print name  DAVID STEWART  Telephone No. 915-685-5717  This space for State use)  APPPROVED BY  DATE / 13.63								
TITLE REGULATORY ANALYST DATE 12 [15 [99]  Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / / 3 - 6 - 2		See o	ther s	side	D. PETER			
TITLE REGULATORY ANALYST DATE 12 [15 [99]  Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / / 3 - 6 - 2					000	D ·		
TITLE REGULATORY ANALYST DATE 12 [15 [99]  Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / / 3 - 6 - 2					1711/E,	SIA		
TITLE REGULATORY ANALYST DATE 12 [15 [99]  Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / / 3 - 6 - 2								
TITLE REGULATORY ANALYST DATE 12 [15 [99]  Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / / 3 - 6 - 2								
TITLE REGULATORY ANALYST DATE 12 [15 [99]  Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / / 3 - 6 - 2								
TITLE REGULATORY ANALYST DATE 12 [15 [99]  Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / / 3 - 6 - 2								
TITLE REGULATORY ANALYST DATE 12 [15 [99]  Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / / 3 - 6 - 2	I homely a mid-shot shot in Comment		1	1	4			
Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / 13.602	i hereby certify that the information	n above is true and com	piete to the	best of my knowle	age and belief.			
Type or print name DAVID STEWART Telephone No. 915-685-5717  (This space for State use)  APPPROVED BY DATE / 13.63	SIGNATURE Signature	at	TITLE	REGULATORY	ANALYST	DATE 12(15	(99	
(This space for State use)  APPPROVED BY DATE / 13.600	Type or print name	VID STEWART		<del></del>	Talanhono No. 01			
ATTROVED BT DATE / / /				17:2-	-	17-003-3/1/	<del></del>	
ATTROVED BT DATE / / /	(This space for State use)	W. Sum		Keelree	t Superviso	V		
	ADDDD OVED DV		/ /1		•			

ATTACHMENT C-103 OXY USA INC. OXY TUMBLEWEED #1 SEC 2 T18S R25E EDDY COUNTY, NM

DRILL 7-7/8" HOLE TO DST DEPTH @ 6775', 11/25/99, TESTED CISCO FORMATION FROM 6485 TO 6775, 290 ft.

	OUTSIDE PORT @ 6770	INSIDE PORT @ 6507		
TEMP DEG F	117	117		
I. HYD PSIG	3115	3110		
I. FLOW PSIG	99-94	97-95		
I.S.I PSIG	425	401		
F. FLOW PSIG	93-120	84-117		
F.S.I. PSIG	1680	1672		
F. HYD PSIG	3112	3108		
NO CUSHION WAS U	SED			

DURATION START BH PSI END BH PBI INITIAL FLOW 15 MINS 97.26 94.66 INITIAL SHUT IN 30 MINS 94.66 401.05 FINAL FLOW 61 MINS 84.18 116.78 FINAL SHUT IN 119 MINS 116.78 1672.0-

RECOVERED 152' OF DRILLING FLUID. SAMPLER CONTAINED 1650cc's OF DRILLING FLUID AND 0.18cf GAS. TOH LD TEST TOOLS AND TIH WITH BIT, DRILL TO TD 3 8550', 12/1/99, CIRC HOLE & PUMP SWEEP. RIH W/ OH LOGS. RIH W/ BIT & HIT BRIDGE @ 7632', WASH & ROTATE 7632-7650, WASH TO BOTTOM. RIH W/ 4-1/2" 11.6# CSG & SET @ 8549'. M&P 725sx 15:61:11 POZ/C/CSE W/ .4% CD-32 + .8% FL-50 + 8#/sx GILSONITE FOLLOWED BY 75sx Cl C W/ + .4% CD-32 + .5% FL-50, DISP W/ 2% KCLW, PLUG DOWN @ 1300hrs MST 12/3/99. CEMENT DID NOT CIRCULATE, WOC. NMOCD WAS NOTIFIED BUT DID NOT WITNESS. ND BOP, SET SLIPS & CUT CSG. JET & CLEAN PITS, RELEASE RIG @ 1900hrs MST 12/3/99. SI WOCU.