

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 87240

District II

811 South First, Artesia, NM 87210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Form C-103

Revised March 25, 1999

WELL API NO. 30-015- 31132
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 4524
7. Lease Name or Unit Agreement Name: OXY Remuda State
8. Well No. 1
9. Pool name or Wildcat Empire Normal, Santa

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 Inc.

16696

3. Address of Operator

P.O. BOX 50250 MIDLAND, TX 79710-0250

4. Well Location

Unit Letter K : 1650 feet from the South line and 1900 feet from the West line

Section

16

Township

18S

Range

29E

NMPM

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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☒PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐OTHER: Amend TD ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐CASING TEST AND CEMENT JOB ☐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 recompilation.

OXY request that the TD be amended to 11700'.
The well was originally permitted to 11300'

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

SIGNATURE David Stewart

TITLE

REGULATORY ANALYST

DATE 10/5/00

Type or print name

DAVID STEWART

(This space for State use)

Telephone No. 915-685-5717

APPROVED BY

Jim W. Brown

TITLE

District Supervisor

DATE

OCT 05 2000

Conditions of approval, if any: