

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <b>3001539112</b>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other MONITOR WELL		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. BO-8096
3. Address of Operator 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX. 77046		7. Lease Name or Unit Agreement Name <b>CONOCO 10 STATE</b>
4. Well Location Unit Letter <b>M</b> : <b>580</b> feet from the <b>SOUTH</b> line and <b>660</b> feet from the <b>WEST</b> line Section <b>10</b> Township <b>19S</b> Range <b>29E</b> NMPM County <b>EDDY</b>		8. Well Number <b>002H</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3367' GR</b>		9. OGRID Number 16696
		10. Pool name or Wildcat <b>TURKEY TRACK; BONE SPRING</b>

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: MIT TEST <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.  
**5 YEAR UIC TEST DATED 10/29/2020**

TA status till 10-29-2025

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 ENGINEER

DATE 12.09.2020

Type or print name SANDRA MUSALLAM

E-mail address: sandra\_musallam@oxy.com

PHONE: 713.366.5106

For State Use Only

APPROVED BY:

TITLE

Compliance officer

DATE 1-27-2021

Conditions of Approval (if any):

5 YEAR UIC  
OXY USA INC  
CONOCO 10 STATE 2H  
API 30-015-39112  
M 10 19S 29E

RECORDER CALIBR DATE 07/24/2020

RECORDER SERIAL NO. 6068

CLOCK SETTING 60 MINUTES

START PSI 500

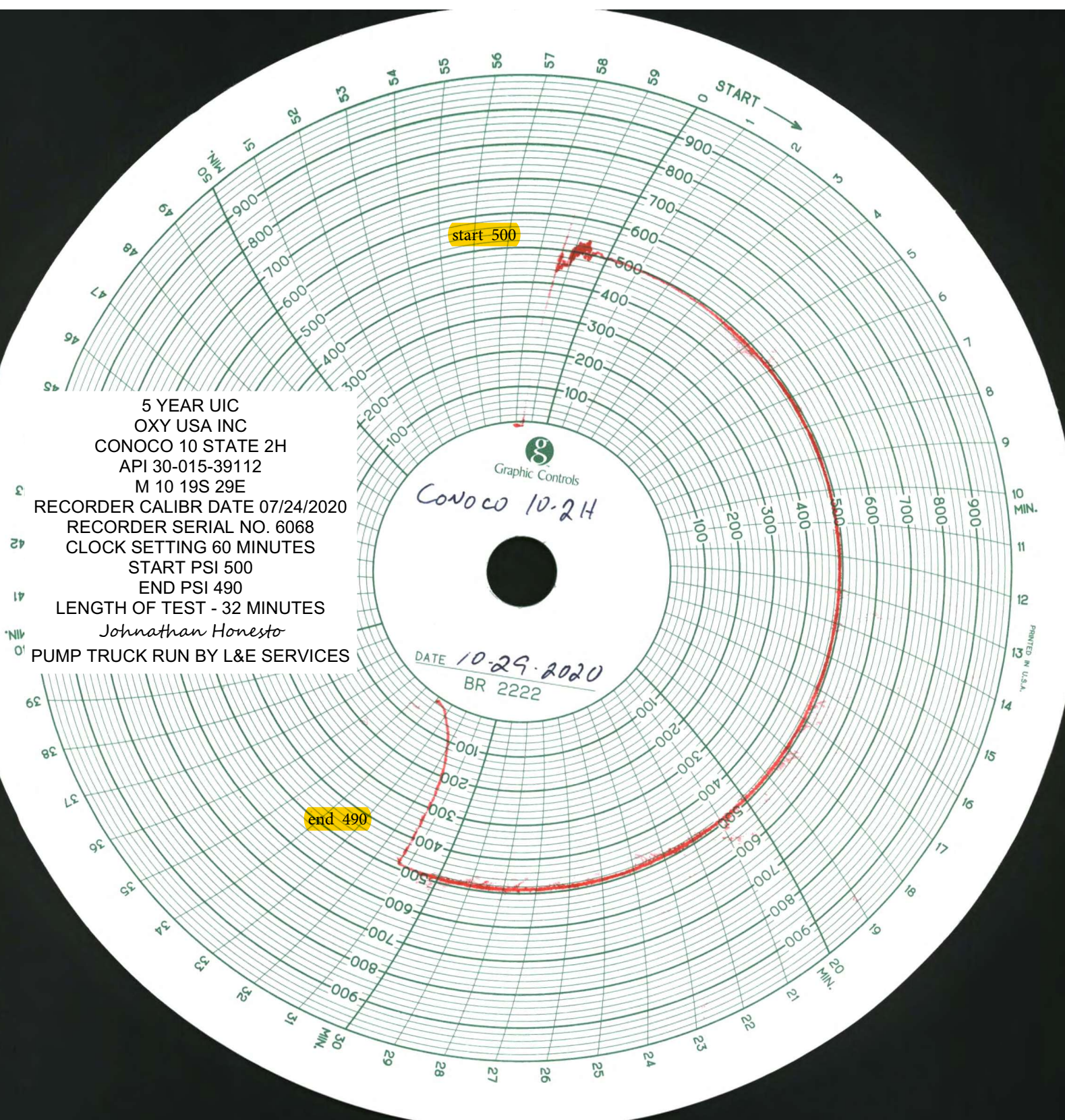
END PSI 490

LENGTH OF TEST - 32 MINUTES

*Johnathan Honesto*

PUMP TRUCK RUN BY L&E SERVICES

DATE 10-29-2020  
BR 2222





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: 10/29/2020

API# 30-015-39112

A Mechanical Integrity Test (M.I.T.) was performed on, Well CONOCO 10 STATE 2H

☒ 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 NMOCD field office. A scanned image will appear online via NMOCD website, [www.emnrd.state.nm.us/ocd/OCOnline.htm](http://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.**

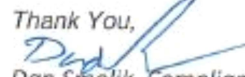
\_\_\_ M.I.T. for Temporary Abandonment, shall include a detailed description on **Form C-103**, including the location of the CIBP and any other tubular goods in the well including the Operator's request for TA status timeline.

\_\_\_ 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 NMOCD 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 **Rusty Klein** at **575-748-1283 x109** 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



## Pressure Recorder Calibration Certificate

Company Name: L&E Services

Certificate #: 6068\_072420

Recorder Type: Barton

Serial #: 6068

Pressure Range 1: 0-1000#

Accuracy: +/- 0.2% PSIG

Pressure Range 2: NA

Accuracy: +/- 0.2% PSIG

Temperature Range: NA

Accuracy: +/- 0.1% Deg. F

Pressure Pen 1

Temperature Pen

Increasing Pressure (PSIG)			Decreasing Pressure (PSIG)			Temperature Test (F°)		
Applied Pressure	Indicated Pressure	Error %	Applied Pressure	Indicated Pressure	Error %	Applied Temperature	Indicated Temperature	Error %
0	0	0	800	800	0	0	0	0
100	100	0	600	600	0	0	0	0
300	300	0	400	400	0	0	0	0
500	500	0	200	200	0	0	0	0
700	700	0	50	50	0	0	0	0
1000	1000	0	0	0	0	0	0	0

Pressure Pen 2

Increasing Pressure (PSIG)			Decreasing Pressure (PSIG)		
Applied Pressure	Indicated Pressure	Error %	Applied Pressure	Indicated Pressure	Error %
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0
0	0	0	0	0	0

This is to certify that this instrument has been inspected and calibrated using a certified 10,000 psi Crystal Gauge.

Calibrated By: Chris Villeneuve

Calibration

Date: 07-24-2020