

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

Form C-103  
 Revised July 18, 2013

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

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-48750                                                                        |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>Senlie Felines 18-7 State Com                               |
| 8. Well Number 026H                                                                                 |
| 9. OGRID Number<br>16696                                                                            |
| 10. Pool name or Wildcat<br>Red Tank Bone Spring/ UPR Wolfcamp                                      |

|                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                         |  |
| 2. Name of Operator<br>OXY USA INC.                                                                                                                                                                    |  |
| 3. Address of Operator<br>PO Box 50250, MIDLAND, TX 79710                                                                                                                                              |  |
| 4. Well Location<br>Unit Letter O : 340 feet from the South line and 1560 feet from the east line<br>Section 18 Township 22S Range 33E NMPM County Lea                                                 |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3631 GR                                                                                                                                          |  |

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 checked="" type="checkbox"/> |                                          |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |                                           |                                                       |                                          |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |                                           |                                                       |                                          |
| OTHER: <input type="checkbox"/>                |                                           | OTHER: <input 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.

2/07/2022 RU BOP, Test @ 250# Low 5000# High. Test intermediate casing to 1511 psi for 30 min. Drill new formation to 6670' perform FIT test 11 ppg, 690psi. Test good. Drill 8 3/4" hole to 11282'. Drill 8 1/2" hole to 21055'. 12/24/2022 - RIH with 5.5" 20# P110 csg to 21035'. Pump Lead 350 bbls (738sx) Class C, 11.9 ppg, 2.77 yield. Pump Tail 502 bbls (2217sx) 13.2 ppg, 1.34 yield. Est TOC – 5419'. 12/28/2022 - ND BOP Release Rig.

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 Sarah McKinney TITLE Regulatory Analyst Sr. DATE 01/11/2023

Type or print name Sarah McKinney E-mail address: sarahtooke1@live.com PHONE: 713-828-1599

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720

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**District III**  
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**District IV**  
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CONDITIONS

Action 211706

CONDITIONS

|                                                                    |                                                |
|--------------------------------------------------------------------|------------------------------------------------|
| Operator:<br>OXY USA INC<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>16696                                |
|                                                                    | Action Number:<br>211706                       |
|                                                                    | Action Type:<br>[C-103] Sub. Drilling (C-103N) |

CONDITIONS

| Created By | Condition | Condition Date |
|------------|-----------|----------------|
| plmartinez | None      | 4/28/2023      |