

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

Form C-103
 Revised July 18, 2013

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

WELL API NO. 30-025-44185
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MESA VERDE BONE SPRING UNIT
8. Well Number 5H
9. OGRID Number 16696
10. Pool name or Wildcat MESA VERDE BONE SPRING UNIT
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

3. Address of Operator
5 GREENWAY PLAZA, SUITE 110, HOUSTON, TX 77046

4. Well Location
 Unit Letter P : 280 feet from the SOUTH line and 995 feet from the EAST line
 Section 17 Township 24S Range 29E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

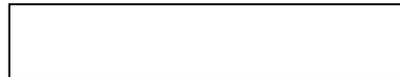
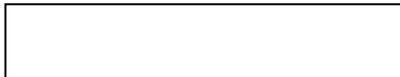
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: CLGC GAS STORAGE <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MECHANICAL INTEGRITY TEST <input type="checkbox"/>
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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.

PER ORDER R-22106:

- A. MIT WAS RAN ON 11/9/2021 AND IS PENDING APPROVAL WITH ACTION ID 115919. IT IS ATTACHED AS WELL.
- B. A CBL IS ON RECORD WITH THE OCD DEMONSTRATING PLACEMENT OF CEMENT AND CEMENT BOND OF THE PRODUCTION CASING AND THE TIE-IN OF THE PRODUCTION CASING WITH THE NEXT PRIOR CASING.
- C. EQUIPMENT IS INSTALLED TO LIMIT THE INJECTION PRESSURE TO LESS THAN OR EQUAL TO THE MASP.
- D. THE EQUIPMENT TO MONITOR THE CASING ANNULUS PRESSURE(S) AND INJECTION RATE IS INSTALLED.

OXY WILL PLACE THIS CLGC WELL INTO SERVICE IN 48 HOURS AND IT WILL BE READY FOR INJECTION.



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

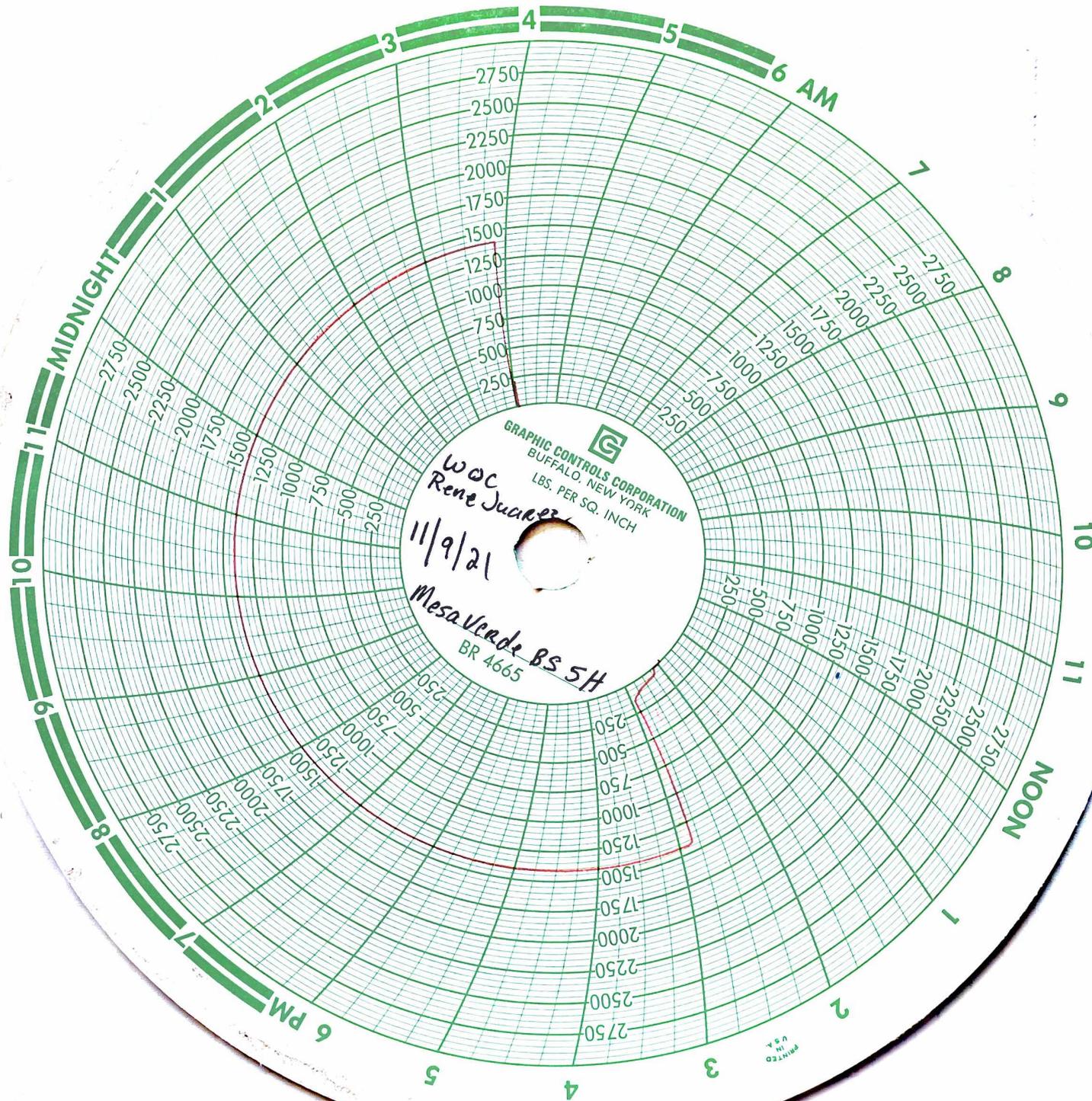
SIGNATURE Stephen Janacek TITLE REGULATORY ENGINEER DATE 6/10/2022

Type or print name STEPHEN JANACEK E-mail address: STEPHEN_JANACEK@OXY.COM PHONE: 713-493-1986

For State Use Only

APPROVED BY: Dean R Mollure TITLE Petroleum Engineer DATE 06/10/2022

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
LBS. PER SQ. INCH

WOC
Rene Juarez
11/9/21
Mesa Verde BS 5H
BR 4665

PRINTED
IN
U.S.A.

American Valve & Meter, Inc.

1113 W. BROADWAY

P.O. BOX 166 HOBBS,
NM 88240

T0: Nabors

DATE: 10/1/21

This is to certify that:

I, Justin Harris, Technician for American Valve & Meter Inc. Has checked the calibration of the following instrument.

08" pressure recorder

Ser.#10333

at these points.

Pressure #			Temperature *or Pressure #		
Test	Found	Left	Test	Found	Left
- 0	-	- 0	-	-	-
- 1500	-	- 1500	-	-	-
- 2250	-	- 2250	-	-	-
- 3000	-	- 3000	-	-	-
- 750	-	- 750	-	-	-
- 0	-	- 0	-	-	-

Remarks:

Signature: 