

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

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.)		WELL API NO. 30-015-32898
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SALT WATER DISPOSAL		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. B-8096
3. Address of Operator 5 GREENWAY PLAZA SUITE 110 HOUSTON, TX. 77046		7. Lease Name or Unit Agreement Name TDC 8 STATE
4. Well Location Unit Letter <u>L</u> : <u>1650</u> feet from the <u>SOUTH</u> line and <u>330</u> feet from the <u>WEST</u> line Section <u>8</u> Township <u>19S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number <u>001</u>
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>)		9. OGRID Number
		10. Pool name or Wildcat MILLMAN;YATES-SR-QN-GB-SA, EAST

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: <input type="checkbox"/> INTENDED WELLWORK <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: <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.

Goal: Identify if leak is in tubing, packer, or casing. If leak is in casing, will evaluate for P&A. If leak is in tubing or packer, will evaluate for TA or repair for injection.

1. RU wireline
2. Run in w/ plug to set in profile near EOT
3. Load tbq with fluid and pressure test with pump truck
4. If tbq leak is not found; leak is in packer or casing. Continue w/ procedure.
5. If tbq leak is found, continue w/ procedure.
 - a. Rig up at later date for further evaluation described below
 - b. POOH w/ tubing and packer
 - c. Test casing for integrity
 - d. Evaluate for TA for future use if casing leak is not found
 - e. Evaluate for P&A if casing leak is found
 6. Subsequent paperwork will be filed depending on test results

Request for 6-month extension denied - DM

OXY respectfully requests a 6-month extension to complete remedial work, based on extenuating circumstances.

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 TECH II DATE 02.01.2021

Type or print name KIM HOFFMAN E-mail address: KIM_HOFFMAN@OXY.COM PHONE: 713.215.7314

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):