OCD Received 10/29/2020 Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised July 18, 2013 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 30-015-27433 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Indian Hills State Com DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number #005 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number OXY USA WTP LP 192463 3. Address of Operator 10. Pool name or Wildcat DAGGER DRAW; UP PENN, SOUTH (ASSOC) 5 GREENWAY PLAZA SUITE 110, HOUSTON, TX, 77046-0521 4. Well Location L____:__1980___feet from the ___S_____ line and _____660____feet from the ___W___ Unit Letter___ Township 20S Range NMPM EDDY County Section 36 24E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK □ PLUG AND ABANDON REMEDIAL WORK ALTERING CASING □ COMMENCE DRILLING OPNS.□ **TEMPORARILY ABANDON CHANGE PLANS** P AND A PULL OR ALTER CASING MULTIPLE COMPL \Box CASING/CEMENT JOB DOWNHOLE COMMINGLE \Box CLOSED-LOOP SYSTEM OTHER: RECLASS FROM OIL TO GAS OTHER: \boxtimes 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. OXY USA WTP LP, respectfully requests to reclassify this well from oil to gas with an effective date of 10/28/2020. The well meets the gas well requirements. A new copy of the C-102 is attached and the last allocatable well test is shown below. The well has been shut-in since May 2020 due to the gas plant shutdown in Indian Basin. For this reason, the well test shown below is the last allocatable well test available. **Well Test Data** -5/14/2020 (24-hr volumes) Oil - 0 bblGas - 6500 scf Water - 0 bbl Spud Date: Rig Release Date:

TITLE_Regulatory Engineer_____DATE__10/28/2020_ Type or print name _Kathleen Mowery____ E-mail address: _Kathleen_Mowery@oxy.com__ PHONE: _713-366-5109_

For State Use Only

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

District III Geologist APPROVED BY: TITLE DATE 10/29/2020

Conditions of Approval (if any):

District I

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

<u>District II</u> 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720

<u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number				² Pool Code		³ Pool Name				
30-015-27433				15475		DAGGER DRAW; UP PENN, SOUTH (ASSOC)				
⁴ Property Code			6 /	⁶ Well Number						
306564				#005						
⁷ OGRID No.				⁹ Elevation						
192463				3637						
¹⁰ Surface Location										
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
L	36	20S	24E		1980	SOUTH	660	WEST	EDDY	
¹¹ Bottom Hole Location If Different From Surface										
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
12 Dedicated Acres 13 Joint or Infill 14 Consolidation Code 15 Order No.										
320										

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

POPERATOR CERTIFICATION I hereby certify that the information constanted herein is true and complete to the best of my humbedge and belief, and that this organization either owns a working interest or meleosal mineral interest in the lead including the proposed bottom hode location or has a right to drill this well as the location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a computatory peoling only hypertogine miteral by the division. **SURVEYOR CERTIFICATION** Date	T.,	I	I	
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onus a working interest or inteased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location prurant to a contract such a mineral or working interest, or to a voluntary pooling order hypergipre entered by the division. Signature				
the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a computory pooling order hoestgore entered by the division. ATHLEEN MOWERY Date				to the best of my knowledge and belief, and that this organization either
becation pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary peoling agreement or a compulsory pooling onder hopetofore entered by the division. **Holen Mowery** 1028/2020				owns a working interest or unleased mineral interest in the land including
interest, or to a voluntary pooling agreement or a compulsory pooling order bereofore entered by the division. Septiment 1028/2020				the proposed bottom hole location or has a right to drill this well at this
order hopetofore entered by the division. Kathleen Movery Signature Date KATHLEEN MOWERY Printed Name KATHLEEN MOWERY@OXY.COM E-mail Address "SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Per C-102 instructions, this section does not need to be completed as this document was previously accepted by the OCD.				location pursuant to a contract with an owner of such a mineral or working
Signature Date KATHLEEN MOWERY Printed Name KATHLEEN MOWERY@OXY.COM E-mail Address BSURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor: Per C-102 instructions, this section does not need to be completed as this document was previously accepted by the OCD.				interest, or to a voluntary pooling agreement or a compulsory pooling
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