

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. 30-015-33744
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		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.
3. Address of Operator 5 GREENWAY PLAZA SUITE 110, HOUSTON, TX, 77046-0521		7. Lease Name or Unit Agreement Name Two Marks 36 State
4. Well Location Unit Letter <u> N </u> : <u> 660 </u> feet from the <u> S </u> line and <u> 2080 </u> feet from the <u> W </u> line Section <u> 36 </u> Township <u> 21S </u> Range <u> 24E </u> NMPM <u> EDDY </u> County <u> </u>		8. Well Number <u> #002 </u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 16696
10. Pool name or Wildcat INDIAN BASIN; UPPER PENN (ASSOC)		

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: RECLASS FROM OIL TO GAS <input checked="" 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.

OXY USA INC. 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 – 5/9/2020 (24-hr volumes)

Oil – 0 bbl
 Gas – 2000 scf
 Water – 0 bbl

Spud Date:

Rig Release Date:

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

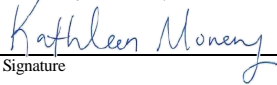
SIGNATURE Kathleen Mowery TITLE Regulatory Engineer DATE 10/28/2020

Type or print name Kathleen Mowery E-mail address: Kathleen_Mowery@oxy.com PHONE: 713-366-5109

For State Use Only

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

Conditions of Approval (if any):

16					17 OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including 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 compulsory pooling order heretofore entered by the division.</i> <div><div></div><div>10/28/2020</div></div> <div>SignatureDate</div> <div>KATHLEEN MOWERY</div> <div>Printed Name</div> <div>KATHLEEN_MOWERY@OXY.COM</div> <div>E-mail Address</div>
					18 SURVEYOR CERTIFICATION <i>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.</i> <div>Date of Survey</div> <div>Signature and Seal of Professional Surveyor:</div> <div><i>Per C-102 instructions, this section does not need to be completed as this document was previously accepted by the OCD.</i></div> <div>Certificate Number</div>