

RECEIVED

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

APR 18 2019 CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
DISTRICT II-ARTESIA O.G.

WELL API NO. 30-015-44160
5. Indicate Type of Lease STATE [x] FEE []
6. State Oil & Gas Lease No. 317700
7. Lease Name or Unit Agreement Name TURKEY TRACK 8-7 STATE
8. Well Number 34H
9. OGRID Number 192463
10. Pool name or Wildcat TURKEY TRACK; BONE SPRING (60660)

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 [x] Gas Well [] Other []
2. Name of Operator OXY USA WTP LP
3. Address of Operator PO BOX 4294, HOUSTON, TX 77210
4. Well Location Unit Letter L : 1414 feet from the SOUTH line and 570 feet from the WEST line
Section 9 Township 19S Range 29E NMPM County EDDY
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3381' GR

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: APD EXTENSION [x]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: []

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.

TURKEY TRACK 8-7 STATE 34H --- 30-015-44160

OXY USA WTP LP respectfully requests an extension on this APD. The APD was originally approved 5/9/2017 and will expire 5/9/2019.

expires 5/9/2020

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 [Signature] TITLE REGULATORY ADVISOR DATE 04/16/2019

Type or print name LESLIE REEVES E-mail address: LESLIE_REEVES@OXY.COM PHONE: 713-497-2492

For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 4-17-19

Conditions of Approval (if any):