

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. 30-015-45215
1. Type of Well: Oil Well <input checked="" 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 P.O. BOX 50250 MIDLAND, TX 79710		7. Lease Name or Unit Agreement Name Refried Beans CC 15-16 State Com
4. Well Location Unit Letter <u>H</u> : <u>2365</u> feet from the <u>NORTH</u> line and <u>280</u> feet from the <u>EAST</u> line Section <u>15</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number <u>12H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>2939' GR</u>		9. OGRID Number <u>16696</u>
		10. Pool name or Wildcat Pierce Crossing; Bone Spring, East

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input 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.

4/6/19 RU BOP, test @ 250# low 3100# high, test 10-3/4" casing to 1195# for 30 min, good test. RIH & tag cmt @ 375', drill new formation to 500', perform FIT test to EMW=17.6ppg, 225psi, good test. 4/6/19 drill 9-7/8" hole to 7250', 4/10/19. RIH & set 7-5/8" 26.4# HCL-80 csg @ 7237', pump 80bbl mud push spacer then cmt w/ 675sx (237bbl) Class H w/ additives 12ppg 1.97 yield followed by 147sx (42bbl) Class H w/ additives 13.2ppg 1.6 yield. Pump 2nd stage w/ 10bbl mud push spacer then cmt w/ 315sx (110bbl) Class C w/ additives 12.8ppg 1.96 yield, followed by 358sx (125bbl) Class C w/ additives 12.8ppg 1.96 yield, followed by 630sx (220bbl) Class C w/ additives 12.8ppg 1.96 yield, followed by 159sx (56bbl) Class C w/ additives 12.8ppg 1.96 yield, WOC, ran echometer, TOC @ 23'. 4/11/19 ND BOP, install wellhead cap & release rig.

4/28/19 RU BOP, test @ 250# low 3100# high, test 7-5/8" casing to 2007# for 30 min, good test. RIH & tag cmt @ 7145', drill new formation to 7265', perform FIT test to EMW=12.5ppg, 1510psi, good test. 4/29/19 Drill 6-3/4" hole to 16490'M 7804'V 5/6/19. RIH & set 5-1/2" 20# P110 @ 16487'. Pump 120BFW spacer then cmt w/ 125sx (43bbl) Class H w/ additives @ 12ppg 1.91 yield, followed by 520sx (133bbl) Class H w/ additives 13.2ppg 1.44 yield, full returns throughout job, est. TOC @ 6737', WOC. ND BOP, Install wellhead cap, RD Rel Rig 5/9/19.

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 Specialist

DATE 5/30/2019

Type or print name Jana Mendiola

E-mail address: janalyn_mendiola@oxy.com

PHONE: 432-685-5936

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):