| Submit I Copy To Appropriate District Office | State of New M | exico | | orm C-103 |
|---|---|---|---|---|
| District 1 - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natural Resources | | | Revised July 18. 2013 WELL API NO. | |
| District 11 - (575) 748-1283 | | | 30-025-09887 | |
| District III - (505) 334-6178 12220 South St. Francis Dr. | | | 5. Indicate Type of Lease | |
| $\frac{1000 \text{ Rio Brazos Rd., Azlec, NM 87410}}{\frac{\text{District IV}}{\text{FEB 05 2014}} = 1220 \text{ Soluti St. 11 Inters D1.}$ | | | 6. State Oil & Gas Lease No. | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | 7. Lease Name or Unit Agreen | nent Name |
| (DO NOT USE THIS FORM FOR PROPORES AND LOR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USH "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | | | East Eumont Unit | |
| 1. Type of Well: Oil Well [] Gas Well [] Other Injection | | | 8. Well Number 53 | |
| 2. Name of Operator OXY USA WTP Limited Partnership | | | 192463 | |
| 3. Address of Operator | | | 10. Pool name or Wildcat | |
| P.O. Box 50250 Midland, TX 79710 | | | Eumont rates JR Qn | |
| 4. Well Location Unit Letter M : (| (D) for from the Soul | to line and to | 60 feet from the wes | t line |
| Unit Letter M : 660 feet from the South line and 660 feet from the West line Section 22 Township 198 Range 37E NMPM County Lea | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| | 3647 | 5' | Sand Salar Series | |
| | , i e. Den de Indiante N | | | |
| 12. Check Ap | propriate Box to Indicate N | lature of Notice, | Report or Other Data | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK | | | | |
| TEMPORARILY ABANDON LI CHANGE PLANS LI COMMENCE DHIL PULL OR ALTER CASING DI MULTIPLE COMPL DI CASING/CEMENT | | | | |
| | | | 1 | |
| CLOSED-LOOP SYSTEM | | OTHER: | MIT-TA Extension | H al |
| 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. | | | | |
| TD-3970' PBTD-3747' Perfs/0H-3820-3035' CIBP-3747' | | | | |
| 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck, circulate well with treated water, pressure test casing to for 30 min. OXY USA WTP LP respectfully requests a 2 year extension on the temporary abandonment of this well for further evaluation of the waterflood unit. OXY implemented a project in 2013 that consisted of revitalizing the northern (active) portion of the unit. OXY drilled and completed four new wells that decreased the Primary production spacing from 40 acre to 20 acre spacing. OXY is currently engaged in a program to continue to test the potential of the northern (active) portion of the unit as well as to test potential in the southern (inactive) portion of the unit. The continued program entails: monitoring the production on the 4 new wells: cleaning out and stimulating 3 injection wells to assure tufficient flooding, and | | | | |
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| program entails: monitoring the production on the 4 new wells; cleaning out and stimulating 3 injection wells to ensure sufficient flooding; and recompleting 4 wells in the South portion of the field to evaluate the potential of the inactive portion of the field. Also OXY has identified 10 wells | | | | |
| (4 in the East Eumont Unit) to plug and a | n of the field to evaluate the potenti bandon. From the results of the cor | al of the inactive port atinued program -OXY | ion of the field. Also OXY has Identifi will evaluate and determine the not | ed 10 wells $\overset{\bigcirc}{>} \overset{\frown}{=}$ |
| reactivation of this well. | | | in crudule and actermine the pot | |
| Soud Data | Rig Release Da | + | | Ap |
| Spud Date: | Kig Kelease Da | | | ed 10 wells ential for Apgundorum |
| | | | | A T |
| I hereby certify that the information abo | ove is true and complete to the be | est of my knowledge | e and belief. | |
| | / | | | |
| SIGNATURE | TITLE Sr. | Regulatory Adviso | DATE ZIU | <u> </u> |
| Type or print name David Stewart | E-mail address: | david stewart@ | oxy.com PHONE: 432-685 | <u>-5717</u> |
| For State Use Only | | | | |
| APPROVED BY: Maler Drown TITLE Compleance Office WATE 2/5/2014 X | | | | |
| Conditions of Approval (if any): | | | | |
| - | | | FEB | 0 5 2014 |
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