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 30-025-05530 District II - (575) 748-1283 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 E-8569 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 tast Eumont Unit. DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SHEEDS OCD PROPOSALS.) 8. Well Number 1. Type of Well: Oil Well Gas Well Other MAR 3 0 2015 2. Name of Operator 9. OGRID Number 192463 OXY USA WTP Limited Partnership 3. Address of Operator 10. Pool name or Wildcat P.O. Box 50250 Midland, TX 79710 RECEIVED Eumort Tates TR Qn 4. Well Location 660 feet from the south line and 1650 feet from the east line Unit Letter\_ Township 185 Range 37E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3705' 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 | \( \square\) REMEDIAL WORK ALTERING CASING □ CHANGE PLANS TEMPORARILY ABANDON COMMENCE DRILLING OPNS. P AND A MULTIPLE COMPL PULL OR ALTER CASING CASING/CEMENT JOB DOWNHOLE COMMINGLE  $\Box$ CLOSED-LOOP SYSTEM OTHER: 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. PBTD- 4070' Perfs-3799-3962' Pkr- 3726' 1. Notified NMOCD of casing integrity test 24hrs in advance. 2. RU pump truck 3/15/15, circulate well with treated water, pressure test casing to 540 # for 30 min. Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Sr. Regulatory Advisor DATE 3/24/15 Type or print name David Stewart E-mail address: <u>david\_stewart@oxy.com</u> PHONE: \_432-685-5717 For State Use Only TITLE Stuff Manager APPROVED BY:

Conditions of Approval (if any):

