

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

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| 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. 30-025-05862 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> HOBBS OCD | | 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator OXY USA WTP Limited Partnership | | 6. State Oil & Gas Lease No. 82656 |
| 3. Address of Operator P.O. Box 50250 Midland, TX 79710 | | 7. Lease Name or Unit Agreement Name East Eumont Unit |
| 4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>2</u> Township <u>20S</u> Range <u>37E</u> NMPM County <u>Lea</u> | | 8. Well Number 116 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3607 | | 9. OGRID Number 192463 |
| | | 10. Pool name or Wildcat Eumont Yates TR Qn |

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

| | |
|--|--|
| E-PERMITTING <SWD INJECTION> CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/> Other <input type="checkbox"/> | SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <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.

3/18/2015 MIRU PU, NDWH, NU BOP. RIH & tag CIBP @ 3650', circ hole w/ 10# MLF, pressure test csg to 500#, tested good. Contact Mark Whitaker-NMOCD, approved waiving WOC-Tag on plugs. M&P 25sx CL C cmt @ 3650-3409'. PUH to 3002', M&P 40sx CL C cmt to 2617' calc. PUH to 1551', M&P 25sx CL C cmt to 1310' calc, POOH.

3/19/2015 RIH & set pkr @ 31', RIH & perf @ 308', EIR @ 2.5BPM @ 100# w/ full returns to surface. POOH w/ pkr, ND BOP, NU WH. M&P 120sx CL C cmt, circ cmt to surf on all strings. Verify cmt to surface, RPU

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 David Stewart TITLE Sr. Regulatory Advisor DATE 3/23/15

Type or print name David Stewart E-mail address: david_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 3/30/2015

Conditions of Approval (if any)

APR 02 2015