

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

WELL API NO. 30-025-05682
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2277
7. Lease Name or Unit Agreement Name East Eumont Unit
8. Well Number 53
9. OGRID Number 192463
10. Pool name or Wildcat Eumont Yates TR Qn

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u>	
2. Name of Operator OXY USA WTP Limited Partnership	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	
4. Well Location Unit Letter <u>E</u> : <u>1980</u> feet from the <u>north</u> line and <u>660</u> feet from the <u>west</u> line Section <u>22</u> Township <u>19S</u> Range <u>37E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3651</u>	

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

<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> ENVIRO <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"/>	<b>SUBSEQUENT REPORT OF:</b> 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"/>
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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.

- 11/13/2015 MIRU PU  
11/16/2015 NU BOP, attach to WH & accumulator. RIH w/ tbg & tag CIBP @ 3655', circ hole w/ 10# MLF, test csg, tested good. M&P 25sx CL C cmt, calc TOC 3506'. PUH to 2811', M&P 25sx CL C cmt, PUH, WOC.  
11/17/2015 RIH & tag cmt @ 2500', set pkr @ 1000', RIH & perf @ 1500', EIR @ 1.5bpm @ 1000#, M&P 25sx CL C cmt, PUH, WOC.  
11/18/2015 RIH & tag cmt @ 1228', set pkr @ 30', RIH & perf @ 521', EIR @ 3BPM @ 350#. Rel pkr, POOH, ND BOP, M&P 220sx CL C cmt, circ to surface, visually confirmed. RDPU

Spud Date:		Rig Release Date:	
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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 11/20/15

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 12/8/2015  
Conditions of Approval (if any):  
DEC 10 2015