

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-05538

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

B1651

7. Lease Name or Unit Agreement Name

East Eumont Unit

8. Well Number

11

9. OGRID Number

192463

10. Pool name or Wildcat

Eumont Yates 7R 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 ☐ Gas Well ☐ Other Injection ☐

2. Name of Operator

OXY USA WTP LP

3. Address of Operator

P.O. Box 50250 Midland, TX 79710

4. Well Location

Unit Letter M : 660 feet from the South line and 660 feet from the West line

Section 34 Township 18S Range 37E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3688'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPL ☐

DOWNHOLE COMMINGLE ☐

CLOSED-LOOP SYSTEM ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

P AND A ☐

CASING/CEMENT JOB ☐

OTHER: MIT ☒

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- 4015' PBTD- 4005' Perfs- 377-370' Pkr- 3746'

1. Notified NMOCD of casing integrity test 24hrs in advance.

2. RU pump truck 5/6/16, circulate well with treated water, pressure test casing to 360 # 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.

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 5/19/16

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

For State Use Only

APPROVED BY: Bel Samand TITLE Staff manager DATE 5.25.16

Conditions of Approval (if any):

PRINTED IN U.S.A. 6 PM

MIDNIGHT

6 AM

NOON



MANAGER ST
60 min clock
MIT
Master
Well
S-6-16
DATE
EEL #11
BR 2221

HOBBS OCD

MAY 23 2016

RECEIVED

#11
current
300 18.3 4
30 025 05538
30 025 360
30 025 360
END 360

Model key
Serial 11157900001
Cable 3-15-16
1000 1237
Killed Nag
Dec 08
Start
360

5-25-14