

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. 30-025-44063
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Red Tank 30-31 State Com
8. Well Number 34H
9. OGRID Number 16696
10. Pool name or Wildcat Red Tank; Bone Spring, East
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660' GR

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

2. Name of Operator
OXY USA INC.

3. Address of Operator
P.O. BOX 50250 MIDLAND, TX 79710

4. Well Location
Unit Letter A : 200 feet from the NORTH line and 470 feet from the EAST line
Section 30 Township 22S Range 33E NMPM County LEA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <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.

Spud 17-1/2" hole 11/5/17, drill to 1094' 11/6/17. RIH & set 13-3/8" 54.5# J-55 csg @ 1094', pump 30BFW spacer w/ red dye then cmt w/ 1100sx (260bbl) PPC w/ additives 14.8ppg 1.33 yield, full returns throughout job, circ 550sx (130bbl) cmt to surface, WOC. 11/6/17 RU BOP, test @ 250# low 5000# high, good test. Test csg to 1500# for 30min, good test. Drill new formation to 1104', perform FIT test to EMW=16.5ppg, 430psi, good test.

Spud Date: 11/5/17

Rig Release Date: _____

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Regulatory Coordinator DATE 11/20/2017

Type or print name Jana Mendiola E-mail address: janalyn_mendiola@oxy.com PHONE: 432-685-5936

For State Use Only
APPROVED BY: Mary Brown TITLE AO/IT DATE 1/22/2018
Conditions of Approval (if any): _____