

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. 30-025-44161
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 24Y
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

HOBBS OCD
JAN 02 2018
RECEIVED

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 270 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 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.

11/24/17 drill 12-1/4" hole to 6880', 11/28/17. RIH & set 9-5/8" 47# L-80 BTC csg @ 6867', pump 20BFW spacer w/red dye then cmt w/ 2015sx (1007bbl) PPC w/ additives 11ppg 2.8 yield followed by 370sx (87bbl) PPC w/ additives 14.8ppg 1.33 yield, circ 1140sx (570bbl) cmt to surface, WOC. Install pack-off, test to 5000#, good test. 11/30/17 Pressure test csg to 4700# for 30 min, good test. Drill new formation to 6890', perform FIT test EMW=8.4ppg, 680psi, good test.

11/30/17 Drill 8-1/2" hole to 20600'M 10863'V 12/13/17. RIH & set 5-1/2" 20# P-110 csg @ 20590'. Pump 40BFW spacer then cmt w/ 560sx (282bbl) PPC w/ additives @ 11ppg 2.8 yield followed by 1700sx (498bbl) PPH w/ additives @ 13.2ppg 1.65 yield, calc. TOC @ 8417', WOC. ND BOP, Install wellhead cap. RD Rel Rig 12/17/17.

Provide csg pressure test next Sunday

Spud Date: 11/21/17

Rig Release Date: 12/17/17

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 12/24/17

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

For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 2-20-18

Conditions of Approval (if any):