

Submit 1 Copy To Appropriate District Office

State of New Mexico

Form C-103

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

HOBBS OCD

Energy, Minerals and Natural Resources

Revised July 18, 2013

OIL CONSERVATION DIVISION

220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

WELL API NO. 30-025-07484
5. Indicate Type of Lease STATE [x] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State Section 30
8. Well Number 6
9. OGRID Number 16696
10. Pool name or Wildcat Bowers/7Rivers
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3661' DF

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 Temporarily Abandoned
2. Name of Operator Oxy USA, Inc.
3. Address of Operator HCR1 Box 90 Denver City, TX 79323
4. Well Location Unit Letter M : 660 feet from the South line and 990 feet from the West line Section 30 Township 18-S Range 38-E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3661' DF

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: TA status extension request [x]
SUBSEQUENT REPORT OF:
REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: []

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.

Run MI test to gain extension on TA status.

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart

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 Mandy A Johnson TITLE Administrative Associate DATE 08/20/2018

Type or print name Mandy A. Johnson E-mail address: mandy_johnson@oxy.com PHONE: 806-592-6280

For State Use Only

APPROVED BY: Mandy Brown TITLE AO/I DATE 8/22/2018
Conditions of Approval (if any):