

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

☒ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address Oxy USA Inc. PO Box 4294 Houston, TX 77210		² OGRID Number 16696
		³ API Number 30-025-23309
⁴ Property Code 19552	⁵ Property Name State Land Sec 32	⁶ Well No. 9

⁷ Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
J	32	18S	38E		2130	S	1980	E	Lea

⁸ Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

⁹ Pool Information

⁹ Pool Name Hobbs; Paddock	⁹ Pool Code 31860
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Additional Well Information

¹¹ Work Type Plug Back	¹² Well Type Prod	¹³ Cable/Rotary	¹⁴ Lease Type State	¹⁵ Ground Level Elevation 3637
¹⁶ Multiple N	¹⁷ Proposed Depth 6000	¹⁸ Formation Glorieta	¹⁹ Contractor	²⁰ Spud Date 12/15/2018
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

²¹ Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17 1/2	13 3/8	48	364	160	0
Prod	12 1/4	9 5/8	36	3799	1140	430
Liner	8 3/4	7	26	7000	490	3573 TOL

Casing/Cement Program: Additional Comments

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²² Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	3000	

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input checked="" type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input checked="" type="checkbox"/> , if applicable. Signature: <i>April Hood</i> Printed name: April Hood Title: Regulatory Specialist E-mail Address: April_Hood@Oxy.com Date: 12/12/2018 Phone: 713-366-5771	OIL CONSERVATION DIVISION Approved By: <i>[Signature]</i> Title: Petroleum Engineer Approved Date: <i>01/02/19</i> Expiration Date: <i>01/02/24</i> Conditions of Approval Attached
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