

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

Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Revised July 18, 2013

HOBBS OOD
MAR 11 2019
RECEIVED

WELL API NO. 30-025-28771
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 27197
7. Lease Name or Unit Agreement Name West Dollarhide Devonian Unit
8. Well Number 121
9. OGRID Number 16996 16696
10. Pool name or Wildcat Dollarhide Devonian
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3187' GL

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
PO Box 4294 Houston, TX 77210

4. Well Location
Unit Letter C : 1285 feet from the N line and 1650 feet from the W line
Section 33 Township 24S Range 38E 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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>New Perfs</u> <input checked="" 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.

09/28/18 MIRU x NDWH x NUBOP. POOH 123 jts. Tbg.
 10/01/18 RIH 4 5/8" bit x tagged TD @ 8113'. Ran gamma ray form 8100' to 7100'. Shot new perfs form 8058' - 8089.
 10/02/18 Ran acid job w/ 37 bbls 15% acid flushed w/ 50 bbls FW.
 Pumped pre flush w/ 10 bbls FW x 1 gal EC9041A x
 10 gals EC9041. Squeeze treatment w/ 72 bbls FW x 118 gal EC6490A 1.4 gal EC6106A, gal 10 gal EC9041A.
 Post flush w/ 109 bbls FW.
 10/03/18 RIH 222 jts. 2 7/8" tbg @ ⁷⁹⁹³ 806' x ESP. - ad
 10/04/18 RD x NDBOP x NUWH.

Spud Date:

09/28/2018

Rig Release Date:

10/04/2018

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

SIGNATURE

April Hood

TITLE Regulatory Specialist

DATE 01/22/2019

Type or print name April Hood

E-mail address: April_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

[Signature]

TITLE Petroleum Engineer

DATE 03/01/19

Conditions of Approval (if any):