

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. 30-025-44062
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 024H
9. OGRID Number 16696
10. Pool name or Wildcat
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3658 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 4294, HOUSTON, TX 77210

4. Well Location
 Unit Letter A : 220 feet from the NORTH line and 290 feet from the EAST line
 Section 30 Township 22S Range 33E NMPM County LEA

HOBBES
 RECEIVED
 2 4 2019

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 checked="" 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: <input type="checkbox"/>	

JAM.
 PNR

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 10-19-17
 decide PA
 10-26-17
 PA
 complete
 10-27-17

RU swage to 13-3/8", M&P a total of 644sxs (156bbl) class C cmt w/ 2% CaCl2 & .25#/sx CelloFlake @ 4 bpm @ 150#, had cmt to surface after 136bbl, pump an additional 20bbl, WOC. Cement fell 8' on the backside, strapped down to 100' inside 13-3/8" csg, did not tag cmt. M&P a total of 68sxs (16.5bbl) class C cmt w/ 2% CaCl2 & .25#/sx CelloFlake, pump 15bbl down 13-3/8" csg and 1.5bbl received down backside, cmt to surface. RD spudder rig, cut off 13-3/8" csg & 20" line pipe, 3' below surface, weld plate on 13-3/8" w/ well information per NMOCD. Rig release 10/27/2017.

Spud Date: 10/19/2017 Rig Release Date: 10/27/2017

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

SIGNATURE Sarah Chapman TITLE REGULATORY SPECIALIST DATE 04/25/2019

Type or print name SARAH CHAPMAN E-mail address: SARAH_CHAPMAN@OXY.COM PHONE: 713-350-4997

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance officer A DATE 4-26-19

Conditions of Approval (if any):