

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. 30-025-32699
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Feltan
8. Well Number 4
9. OGRID Number 192463 16696
10. Pool name or Wildcat Eumont Yates TRQU (PG)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3522'

HOBBS OCD  
 MAY 10 2019  
 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. WTP LP

3. Address of Operator  
P.O. Box 50250 Midland, TX 79710

4. Well Location  
 Unit Letter G : 2045 feet from the north line and 1915 feet from the east line  
 Section 28 Township 21S Range 36E 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 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"/>	

JPM  
 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.

4/8/19 - MIRU PU

4/9/19 - Dig cellars, check pressures. ND WH, NU BOP, attempt to rel pkr, jayed off @ on/off tool, let pressure equalize, latch back onto pkr, POOH & LD pkr & tbq. RIH & set CIBP @ 3159', POOH.

4/11/19 - RIH w/ tbq & tag CIBP @ 3159', test csg & CIBP to 800#, tested OK. Circ hole w/ 10# MLF, M&P 40sx CL C cmt, calc TOC-2764'. Notified NMOC. PUH to 1607', M&P 35sx CL C cmt w/ 2% CaCl2, calc TOC-1262', PUH, WOC. RIH & tag cmt @ 1260'. PUH to 472', M&P 55sx CL C cmt, circ cmt to surf. POOH w/ tbq, ND BOP, top off csg w/ cmt, Notified NMOC, RD PU.

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 David Stewart TITLE Sr. Regulatory Advisor DATE 5/6/19

Type or print name David Stewart E-mail address: david\_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: Kerry Juth TITLE Compliance Officer DATE 5-20-19

Conditions of Approval (if any)