| Office Submit I Copy  | Submit I Copy To Appropriate District  |                          | State of New Mexico        |  |                      |                  |                              | Form C-103                            |              |                   |  |
|---|--|--------------------------|----------------------------|--|----------------------|------------------|------------------------------|---------------------------------------|--------------|-------------------|--|
| <u>District I</u> – (57:  | District I - (575) 393-6161  |                          |                            | Energy, Minerals and Natural Resources |                      |                  |                              |                                       | Revised July | <u>/ 18, 2013</u> |  |
| 1625 N. French<br><u>District II</u> – (57  |  | ON CONSERVATION BUILDING |                            |  |                      |                  | WELL API NO.<br>30-025-23309 |                                       |              |                   |  |
| 811 S. First St., Artesia, NM 88210   |  | OIL                      | OIL CONSERVATION DIVISION  |  |                      |                  |                              | 5. Indicate Type of Lease             |              |                   |  |
|   | <u>District III</u> - (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410 |                          | 1220 South St. Francis Dr. |  |                      |                  |                              | STATE X FEE                           |              |                   |  |
| <u>District IV</u> - (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM  |  | 1                        | Santa Fe, NM 87875.        |  |                      |                  |                              | 6. State Oil & Gas Lease No.<br>19552 |              |                   |  |
| 87505   | SUNDRY 1   | NOTICES AND              | REPORTS                    | ON WEI                                 | LS CF                | 100              | . Lease                      | Name or Unit                          | Agreement    | Name              |  |
| DISTRICT IV = (305) 4/6-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505  SUNDRY NOTICES AND REPORTS ON WELLS SER  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH CENTRE PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other |  |                          |                            |  |                      |                  |                              | Land                                  |              |                   |  |
| 1. Type of V  | ,<br>Well: Oil Well  | Gas Well                 | Other                      |  | K                    |                  | 8. Well 1                    | Number 9                              |              |                   |  |
| 2. Name of  | 2. Name of Operator  |                          |                            |  |                      |                  |                              | 9. OGRID Number<br>157984             |              |                   |  |
| Oxy USA Inc.  3. Address of Operator  |  |                          |                            |  |                      |                  |                              | 10. Pool name or Wildcat              |              |                   |  |
|   | PO Box 4294 Houston, TX 77210  |                          |                            |  |                      |                  |                              | Hobbs; (G/SA)                         |              |                   |  |
| 4. Well Loc   | ation  | <u>. ·</u>               |                            |  |                      |                  | <u> </u>                     |                                       |              |                   |  |
| Uni   | it LetterJ   | : 2130                   | feet from t                | he S                                   |                      | line and         | 1980                         | _feet from the                        | E            | line              |  |
| Sec   | tion 32  | ,                        | Township                   |  | Range                | 38E              | NMPM                         | Cou                                   | inty Lea     |                   |  |
|   |  |                          | •                          | whether                                | DR, RKE              | R, RT, GR, etc.) | •                            |                                       |              |                   |  |
|   | <u> </u>   |                          | 3637' GL                   |  |                      |                  |                              |                                       |              |                   |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
|   | NOTICE O   | F INTENTIO               | N TO:                      |  | 1                    | SUB              | SEQUE                        | NT REPOR                              | T OF         |                   |  |
| PERFORM I   | PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WOR                      |                          |                            |  |                      |                  |                              |                                       | ERING CAS    | ING 🗆             |  |
| TEMPORARILY ABANDON   |  |                          |                            |  |                      |                  | NS.□ PAN                     | ID A                                  |              |                   |  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
|   | E COMMINGLE<br>DOP SYSTEM  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| OTHER:  | JOP STSTEW   |                          |                            |  | ОТІ                  | HER:             |                              |                                       |              |                   |  |
| 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.   |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| 1/2/19: MIRU x NDWH x NUBOP. 1/3/19: POOH 197 jts 2 3/8 tbg x esp equipment. 1/4/19: RIH 40 arm caliper logging tool x logged csg from 6564'  |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| to surface. 1/7/19: RIH 4 1/2" rbp @5730' x circ well w/ 80 bbls FW. 1/8/19: Ran cbl log from 5730' to surface. POOH rbp x RIH cibp @5600' x  |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| dumped 25' of cmt   | ·  |                          |                            |  |                      | -                |                              |                                       |              |                   |  |
| NMOCD x passed -  | - Chart attached.  | 1/15/19: Swabbe          | ed tubing in               | 25 runs :                              | x recover            | ed 150 bbls of   | water x se                   | ent in sample f                       | or water x c | oil analysis.     |  |
| 5/30/19: RiH 4 1/2" pkr @5266' x pumped 300 gals 15% hcl acid x flushed w/ 50 bbls FW. Pumped 48 gals paw 3900 w/ 34 bbls FW x followed by  |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| 341 gals scw261 w/ 41 bbls FW x flushed w/ 801 bbls FW. 5/31/19: RIH tbg x esp. RD x NDBOP x NUWH.  |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| 6/17/19: MIRU x NDWH x NUBOP. POOH tbg x esp equipment. 6/19/19: RIH 4 ½" cicr @ 5298' x pumped 340 sxs class C neat w/ 2% cal/chlo getting   |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| 51 bbls into formation x squeezing perfs to 2500psi. Stung out of cicr x reversed 20 bbls cmt . 6/20/19 – 6/21/19: RIH tagging @ 5296' x drilled on cicr @ 5296' to to cibp until it fell x then pushed it to 6568'. 6/24/19: RIH 197 jts 2 3/8" tbg @ 6332' x plunger @ 6335'.   |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| 6/25/19: RD x NDBOP x NUWH.   |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| 0/23/13. NO X 1100  | O. X.110 1111.   |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
|   | 1/2/19   |                          | <b>—</b>                   |  | _                    | 6/25/19          |                              |                                       |              |                   |  |
| Spud Date:  | 1/2/19   |                          | R                          | ig Release                             | Date:                | 0/25/15          |                              |                                       |              |                   |  |
|   |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
| I hereby certi  | fy that the informa  | ation above is tru       | ie and comi                | plete to th                            | e hest of            | my knowledg      | e and belie                  | f                                     |              |                   |  |
| i norday derin  |  | 100                      | ~                          | p. 1010 10 ta                          |                      | ,                |                              |                                       |              |                   |  |
| SIGNATURE   | : WR   | Sont                     | <u>)</u> т                 | TTLE                                   | Regulato             | ry Specialist    |                              | DATE_                                 | 09/12/       | 2019              |  |
| Type or print   | name April Hood  | d                        | 10                         | -mail add                              | <sub>lrege</sub> . A | pril_Hood@Ox     | y.com                        | PHONE                                 | . 713-360    | 6-5771            |  |
| Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771  For State Use Only  |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |
|   | $\overline{}$  | 1.+                      |                            |  | C.                   | Ŋ                |                              |                                       | 9 2.         | -16               |  |
| APPROVED BY: Selwy twice TITLE C. O. H DATE 9-20-19 Conditions of Approval (if any)   |  |                          |                            |  |                      |                  |                              |                                       |              |                   |  |

