

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
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

AMENDED

HOBBS OCD
RECEIVED
FEB 17 2020

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.)		WELL API NO. 30-025-45924
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA INC.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710		7. Lease Name or Unit Agreement Name AVOGATO 30-31 STATE COM
4. Well Location Unit Letter <u>C</u> : <u>420</u> feet from the <u>NORTH</u> line and <u>1350</u> feet from the <u>WEST</u> line Section <u>30</u> Township <u>22S</u> Range <u>33E</u> NMPM County <u>LEA</u>		8. Well Number 21H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3707' GR		9. OGRID Number 16696
		10. Pool name or Wildcat RED TANK; BONE SPRING; EAST

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: Amended Production Casing Sundry <input checked="" type="checkbox"/>	
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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.

9/13/19 MIRU, NU and test BOP 250psi low/5000psi high, good test. Test 9-5/8" casing to 1550psi for 30 min, good test. RIH and drill new formation to 6425', perform FIT to EMW=10.2ppg, good test. 9/14/19 Drill 8-1/2" hole to 20894'M 10757'V 9/26/19. RIH & set tapered csg string w/ 5-1/2" 20# P110 @ 20875-10106' and 7" 32# P110 csg @ 10106-0'. Pumped 120bbl spacer then cmt w/ 264sx (120bbl) Class H w/ additives 10.2ppg 2.55 yield followed by 2,305sx (563bbl) Class H w/ additives 13.2ppg 1.37 yield, 80bbl of contaminated spacer to surface, est. TOC @ 4900', WOC. 9/30/19 RUWL RIH & set RBP @ 3000', test to 1000# for 30 min, good test. ND BOP, RD Rel Rig 10/2/19.

Filing amended production casing sundry to reflect corrected casing design and setting depths. Original sundry was filed on 10/2/19. See attached for a copy.

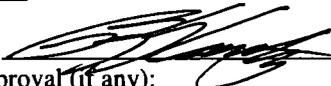
Spud Date: 7/13/19 Rig Release Date: 10/2/19

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

SIGNATURE  TITLE Regulatory Specialist DATE 2/7/20

Type or print name Jana Mendiola E-mail address: janalyn_mendiola@oxy.com PHONE: 432-685-5936

For State Use Only

APPROVED BY:  TITLE Petroleum Engineer DATE 02/15/2020
 Conditions of Approval (if any):

<p>District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-8181 Fax:(575) 393-0720</p> <p>District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720</p> <p>District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-8170</p> <p>1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462</p>	<p>State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505</p>	<p>Form C-103 August 1, 2011 Permit 272929</p> <hr/> <p>WELL API NUMBER 30-025-45924</p> <hr/> <p>5. Indicate Type of Lease S</p> <hr/> <p>6. State Oil & Gas Lease No.</p> <hr/> <p>7. Lease Name or Unit Agreement Name AVOGATO 30 31 STATE COM</p>													
<p>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.)</p>															
1. Type of Well: O	8. Well Number 021H														
2. Name of Operator OXY USA INC	9. OGRID Number 16696														
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294	10. Pool name or Wildcat														
4. Well Location Unit Letter <u>C</u> : <u>420</u> feet from the <u>N</u> line and feet <u>1350</u> from the <u>W</u> line Section <u>30</u> Township <u>22S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>															
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3707 GR															
Pit or Below-grade Tank Application or Closure															
Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____															
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data															
NOTICE OF INTENTION TO:															
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>													
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE OF PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>													
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>													
Other: _____		Other: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>													
SUBSEQUENT REPORT OF:															
ALTER CASING <input type="checkbox"/>															
PLUG AND ABANDON <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 9/13/19 MIRU, NU and test BOP 250psi low/5000psi high, good test. Test 9-5/8" casing to 1550psi for 30 min, good test. RIH and drill new formation to 6425', perform FIT to EMW=10.2ppg, good test. Drill 8-1/2" hole to TD of 20,896' M. RIH and set 5-1/2" 20# P-110 casing at 20,875', 9/29/19. Pumped 120bbls spacer then cement with 264sx (120bbls) with additives 11.33 ppg 2.55 yield cement followed by 2,305sx (563bbls) with additives 13.2ppg 1.37 yield cement, 9/30/19. No returns to surface, est TOC -5925'. RD and RR 10/2/19.7/13/2019 Spudded well.															
Casing and Cement Program															
Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
07/14/19	Surf	FreshWater	17.5	13.375	54.5	J55	0	1052	1340	1.36	C		1500	0	N
08/07/19	Int1	Mud	12.25	9.625	43.5	L-80	0	6425	94	2.7	C		1500	0	N
08/07/19	Int1	Mud	12.25	9.625	43.5	L-80	0	6425	268	1.6	C		1500	0	N
09/29/19	Prod	OilBasedMud	8.5	5.5	20	P-110	5925	20875	264	2.55	H				N
09/29/19	Prod	OilBasedMud	8.5	5.5	20	P-110	5925	20875	2305	1.37	H				N
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .															
SIGNATURE	<u>Electronically Signed</u>		TITLE	<u>Manager Regulatory</u>		DATE	<u>10/2/2019</u>								
Type or print name	<u>KELLEY MONTGOMERY</u>		E-mail address	<u>kelley_montgomery@oxy.com</u>		Telephone No.	<u>713-366-5716</u>								
For State Use Only:															
APPROVED BY:	<u>Paul F Kautz</u>		TITLE	<u>Geologist</u>		DATE	<u>10/2/2019 3:40:31 PM</u>								