

RECEIVED

OIL CONSERVATION DIVISION

FEB 01 2020 South St. Francis Dr.
Santa Fe, NM 87505

HOBBS

WELL API NO. 30-025-04751	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No. A-1573	
7. Lease Name or Unit Agreement Name: State I	
8. Well Number 2	
9. OGRID Number 157984	
10. Pool name or Wildcat Eumont; Yates-7 Rvrs-Qn (Gas) 76480	
1980 feet from the west line	
NMPM	County Lea
Distance from nearest surface water	
in Material	

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		8. Well Number 2
2. Name of Operator Occidental Permian Limited Partnership		9. OGRID Number 157984
3. Address of Operator P.O. Box 50250 Midland, TX 79710-0250		10. Pool name or Wildcat Eumont; Yates-7 Ryrs-Qn (Gas) 76480
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>north</u> line and <u>1980</u> feet from the <u>west</u> line Section <u>22</u> Township <u>21S</u> Range <u>36E</u> NMPM County <u>Lea</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3609' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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"/>
TEMPORARILY ABANDON	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
COMMENCE DRILLING OPNS.	<input type="checkbox"/>	PLUG AND ABANDONMENT	<input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB	<input type="checkbox"/>		

OTHER:

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.

01/25/2011 MIRU, NDWH, NU BOP Rel pkr POOH

01/26/2011 RIH w/ CIBP & set @ 2860', CIRC W/ 100BBL 10# MLF, Spot 25sx Cl C cmt, Calc TOC 2710', POOH RIH W/ WL, Perf @ 1533', RDWL, RIH & set pkr @ 1135'.

01/27/2011 EIR @ 2BPM w/ full returns, sqz 110sx cmt, SI, WOC. POOH w/ pkr, RIH w/ WL & tag @ 1169'. Mark Whitaker-NMOCD approved to perf @ 329'. PUH & perf @ 329', RDWL, ND BOP, NUWH. Circ 130sx cmt to surface, SI 7" X 9-5/8" & bull head 15sx cmt, Pressure up to 350#, SI WOC

01/28/2011 RDPU

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at QCD Web Page under
Beliefsworthies certificate and: pit or below

I hereby certify that the information above is true and complete to the best of my knowledge and belief, and that the information is not false, misleading, or incomplete. I further certify that the grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐ which may be found at OCD Web Page under <http://www.nmoecd.com/ocd>, pit or below.

SIGNATURE [Signature] TITLE Sr. Regulatory Analyst DATE 1/3/11

Type or print name David Stewart

E-mail address: david_stewart@oxy.com
Telephone No. 432-685-5717

For State Use Only

APPROVED BY [Signature] TITLE SAFETY MGR DATE 2-1-2011

Conditions of Approval, if any: