Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 3002511164

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: Thomas

1. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER

2. Name of Operator: OXY USA Inc.

8. Well No. 2

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

9. Pool name or Wildcat: Jalmat Tansill Yts 7 Rvrs

4. Well Location
Unit Letter G : 2310 Feet From The North Line and 2210 Feet From The East Line

Section 19 Township 24S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☒	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER:	☐		

12. 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. TD-3680' PBTD-3487' Prod.Interval-2870'-3487'

1. MIRU PU. POOH w/ rods & pump. ND WH. NU BOP. RIH w/ 4-3/4" bit & 4 - 3-1/2" DCs on 2-3/8" tbg. Clean out to PBTD. CHC. Obtain scale analysis. POOH.

2. Run caliper log 3450-2870' to check pkr seat. RIH w/ inflatable treating and testing pkr. Set pkr around 3410' if hole is gauge. Inflate pkr and check annulus for leak off.

3. Az Lower Jalmat w/ 6000 gal 15% NEFe HCl. Flush to perfs w/ 2% KCl wtr. Maintain pressure on the annulus throughout the treatment. Swab back load & test.

4. Rel pkr & POOH. RIH w/ tbg as before. ND BOP. NU WH. RIH w/ pump & rods as before. Start well pumping. Monitor production rate and check fluid level.

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

SIGNATURE _____ TITLE Production Accountant DATE 2/11/91

TYPE OR PRINT NAME David Stewart TELEPHONE NO. 9156855717

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: