

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

WELL API NO. 30-015-43915	
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 Cedar Canyon 22-15 Fee	
8. Well Number 33H	
9. OGRID Number 16696	
10. Pool name or Wildcat Pierce Crossing; Wolfcamp	
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"/>	
2. Name of Operator OXY USA INC.	
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710	
4. Well Location Unit Letter <u>A</u> : <u>1107</u> feet from the <u>NORTH</u> line and <u>1052</u> feet from the <u>East</u> line Section <u>22</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2934' GR	

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 checked="" type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud 14-3/4" hole 3/6/17, drill to 447' 3/7/17. RIH & set 10-3/4" 45.5# J-55 BTC csg @ 438', pump 40BFW spacer then cmt w/ 560sx (166bbl) PPC w/ additives 14.2ppg 1.68 yield, no cement to surface. RIH w/ 1" & tag cmt @ 125', cmt w/ 105sx (25bbl) PPC, 14.8ppg 1.32 yield, circ 46sx (11bbl) cmt to surface. Install well head night cap and prepare rig for skid to Cedar Canyon 22-15 Federal 34H.

3/9/17 Skid rig back to Cedar Canyon 22-15 Fee 33H. RU BOP, test @ 250# low 5000# high, test 10-3/4" casing to 1500# for 30 min, good test. RIH & tag cmt @ 385', drill new formation to 455', perform FIT test to EMW=22.3ppg, good test. 3/10/17 drill 9-7/8" hole to 9526', 3/15/17. RIH & set 7-5/8" 29.7# L80 csg @ 9516', DVT @ 3051', ACP @ 3066' pump 40BFW spacer then cmt w/ 1540sx (841bbl) PPC w/ additives 10.2ppg 3.07 yield followed by 160sx (47bbl) PPC w/ additives 13.2ppg 1.65 yield, observed dyed spacer to surf, inflate ACP to 2130#, open DVT, circ thru DVT, 366sx (200bbl) cmt to surface. Pump 2nd stage w/ 20BFW spacer then cmt w/ 650sx (216bbl) PPG w/ additives 12.9ppg 1.9 yield followed by 190sx (45bbl) PPC w/ additives 14.8ppg 1.33 yield, drop cancellation plug, pressure up & close DVT, no cmt to surface, WOC. 3/17/17 RUWL RIH w/temp log, TOC @ ~10', spoke with NMOC Rep. Ray Podany about cement results, he had no concerns & required no further action regarding cement job. Install pack-off, test to 5000# for 15 min, good test. ND BOP, install well head night cap and prepare rig for skid.

Spud Date:

3/6/17

Rig Release Date:

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

SIGNATURE  TITLE Regulatory Coordinator DATE 3/22/2017

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

For State Use Only

APPROVED BY:  TITLE Staff Manager DATE 3-27-17

Conditions of Approval (if any):