

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

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-015-28138
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-836
7. Lease Name or Unit Agreement Name H. Buck State
8. Well Number 2
9. OGRID Number 16696
10. Pool name or Wildcat Cedar Canyon Delaware
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2925'

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 H : 1980 feet from the North line and 660 feet from the East line Section 16 Township 24S Range 29E NMPM County Eddy	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2925'	

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 checked="" 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 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.

Missing Paperwork - Perfs 4872-4901  
TD-7950' PBTD-7904' Perfs-4872-5246' (6230-6260' 6410-6600')

13-3/8" 54.5# csg @ 535' w/ 1400sx, 17-1/2" hole, TOC-Surf-Circ  
8-5/8" 32# csg @ 2805' w/ 1200sx, 11" hole, TOC-Surf-Circ  
5-1/2" 15.5-17# csg @ 7950', DVT @ 6372', 4665' w/ 1325sx, 7-7/8" hole, TOC-2440'-CBL

- RIH & set CIBP @ 4822', M&P 30sx cmt to 4615'
- M&P 55sx cmt @ 2925-2510' WOC-Tag
- Perf @ 615' sqz 175sx cmt to Surface  
10# MLF between plugs - Above ground steel tanks will be utilized

NM OIL CONSERVATION  
ARTESIA DISTRICT  
DEC 16 2019  
RECEIVED

Spud Date:

Rig Release Date:

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

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 12/11/19

Type or print name David Stewart E-mail address: david\_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: DENIED TITLE DENIED DATE 12/23/19  
Conditions of Approval (if any):