

OSubmit 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. MULTIPLE
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MULTIPLE WELLS
8. Well Number - MULTIPLE
9. OGRID Number 16696
10. Pool name or Wildcat MULTIPLE

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 ☒ Gas Well ☐ Other

2. Name of Operator
OXY USA INC

3. Address of Operator
PO BOX 4294; HOUSTON, TX 77210

4. Well Location

Unit Letter _____: _____ feet from the _____ line and _____ feet from the _____ line
Section 16 Township 24S Range 29E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: SURFACE POOL COMMINGLE ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: PC-1260 ☐

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.

OXY USA INC request permission to perform a surface pool commingle. Please see the attached for more details.

Pool	Well Name	API	Location	Operator
[96238] CORRAL DRAW;BONE SPRING	Cedar Canyon 16-1	30-015- 39856	Sec.16, T24S R29E	OXY USA INC
[96238] CORRAL DRAW;BONE SPRING	Cedar Canyon 16-2	30-015- 41024	Sec.16, T24S R29E	OXY USA INC
[96473] PIERCE CROSSING; BONE SPRING, EAST	Cedar Canyon 16-7	30-015- 41251	Sec.16, T24S R29E	OXY USA INC

This approval is subject to like approval
by State Land Office (SLO).

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

SIGNATURE Jennifer Duarte TITLE REGULATORY SPECIALIST DATE 08-06-2013

Type or print name JENNIFER DUARTE E-mail address: jennifer_duarte@oxy.com PHONE: 713-513-6640

For State Use Only

APPROVED BY Jim Early TITLE Director DATE 8/13/13

Conditions of Approval (if any):