

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

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.)		WELL API NO. 30-015-40170
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA, Inc.		6. State Oil & Gas Lease No. BO-8096
3. Address of Operator PO BOX 4294 HOUSTON, TX 77210		7. Lease Name or Unit Agreement Name Conoco 10 State
4. Well Location Unit Letter: C: 422 feet from the NORTH line and 1958 feet from the WEST line Section 10 Township 19S Range 29E NMPM County: EDDY		8. Well Number 003H
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 16696
10. Pool name or Wildcat TURKEY TRACK; BONE SPRING-60660		10. Pool name or Wildcat TURKEY TRACK; BONE SPRING-60660

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

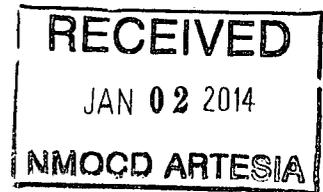
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/> APD Extension <input checked="" 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"/>	
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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 respectfully requests an extension of the APD that was approved on 4/13/2012. Please see the attached for your reference and review. Should you have any questions or concerns, please feel free to contact us at any time.

Final Extension Approved ending

4-16-2015



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: Jessica Shelton TITLE: REGULATORY TECHNICIAN DATE: 12/30/13

Type or print name: JESSICA A. SHELTON E-mail address: Jessica_shelton@oxy.com PHONE: 713-840-3011

For State Use Only

APPROVED BY: T.C. Shepard TITLE: **"Geologist"** DATE: 1-2-2014
 Conditions of Approval (if any):