

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

NM OIL CONSERVATION

NOV 09 2015

RECEIVED

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

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|---|
| WELL API NO. 30-015-29420 |
| 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 Gaines 28 |
| 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.) 2924' |

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
P.O. Box 50250 Midland, TX 79710

4. Well Location
 Unit Letter A : 330 feet from the north line and 600 feet from the east line
 Section 28 Township 24S Range 29E NMPM County Eddy

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 type="checkbox"/> | P AND A <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | MULTIPLE COMPL. <input type="checkbox"/> | CASING/CEMENT JOB <input 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. NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11/2/2015 MIRU, ND WH, NU BOP, RIH w/ tbg & tag CIBP @ 5186'.
 11/3/2015 RIH to 5186', circ hole w/ 10# MLF, M&P 25sx CL C cmt, Calc TOC 4939'. PUH to 4098', M&P 25sx CL C cmt w/ 2% CaCl2, PUH, WOC. RIH & tag cmt @ 3847', PUH to 2972', M&P 35sx CL C cmt, PUH, WOC.
 11/4/2015 RIH & tag cmt @ 2600', POOH. RIH & set pkr @ 1063', RIH & perf @ 1460', EIR @ 2BPM w/ full returns, M&P 50sx CL C cmt w/ 2% CaCl2, PUH, WOC. RIH & tag cmt @ 1257', PUH & set pkr @ 30', RIH & perf @ 575', EIR @ 2BPM w/ full returns, M&P 145sx CL C cmt, circ to surface. POOH w/ pkr, ND BOP, top off csg, RDPU.

Spud Date:

Rig Release Date:

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Form: www.emurd.state.nm.us/oed.

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 11/5/15

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

For State Use Only
 APPROVED BY: David Stewart TITLE Dist. Supervisor DATE 11/20/15

Conditions of Approval (if any):
 * File Current C103 P&A for final inspection