Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103	
Office <u>District I – (575) 393-6161</u>	Energy, Minerals and Natural Resources			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	<u> </u>		WELL API NO.	
District II ~ (575) 748-1283	OIL CONSERVATION DIVISION		30-015-43290	
811 S. First St., Artesia, NM 88210 District III (505) 334-6178			5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 8/505		6. State Oil & C	Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			Cedar Canyon 23 Federal	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Couai Callyoll 2	J i cuciai
PROPOSALS.)			8. Well Number 3H	
1. Type of Well: Oil Well Gas Well Other				
2. Name of Operator OXY USA INC.			9. OGRID Number 16696	
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710			10. Pool name or Wildcat	
			Pierce Crossing Bone Spring, East	
4. Well Location				
Unit Letter I : 2540 feet from the SOUTH line and 200 feet from the EAST line				
Section 22 Township 24S Range 29E NMPM County EDDY				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
2957' GR				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
12. Check Appropriate Box to indicate reature of reduce, Report of Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII			_	P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT				
DOWNHOLE COMMINGLE		22		
CLOSED-LOOP SYSTEM				
OTHER:	(T	OTHER:	\boxtimes	
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.				
Gas connected 2/16/17 to Enterprise Field Services, LLC.			*~%	OIL CONSERVATION
				AN PERMANENTAL CIT
		APR 0 3 2017		
				Tarana and
				SECEIVED
<u></u>				
Spud Date:	Rig Release Da	te:		
	Aig Release Da	·-· [
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Thereby certify that the information above is true and complete to the best of my knowledge and benefit.				
SIGNATURE SIGNATURE	TITLE Regul	latory Coordinator	DAT	E3/27/17
STOTATIONS STATE S				
Type or print name <u>Jana Mendiola</u> E-mail address: <u>janalyn_mendiola@oxy.com</u> PHONE: 432-685-5936				
For State Use Only				
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APPROVED BY:	DO-0 TITLE STAT	+ MANAS	e D.	ATE 4/3/17
Conditions of Approval (if any):				
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