

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural
Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011

Permit 158902

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 NUMBER 30-015-39383
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator OCCIDENTAL PERMIAN LTD		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 4294, Houston, TX 77210		7. Lease Name or Unit Agreement Name EEYORE 34 STATE
4. Well Location Unit Letter A : 738 feet from the N line and 488 feet from the E line Section 34 Township 17S Range 28E NMPM Eddy County		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3674 GR		9. OGRID Number 157984
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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 OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: Drilling/Cement <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

09/18/2012 -SPUD WELL. DRILLED 12 1/4" HOLE TO 428'; RAN 9 5/8" 36# J55 LTC CASING TO 428'; CEMENTED WITH 350SX PREMIUM PLUS CLASS C 1.67 YIELD; CIRCULATED 150 SX TO SURFACE. 09/19/2012 -TESTED SURFACE CASING TO 640 PSI-30MIN-GOOD TEST. 09/20/2012 -BEGAN DRILLING 7 7/8" PRODUCTION HOLE. 09/27/2012 -TD @5025'; RAN TRIPLE COMBO LOGS. 09/28/2012 -RUN 5 1/2" 17#L80 LTC CASING TO 5025'. CEMENTED W/ 1310SX PREMIUM PLUS 1.89 YIELD; CIRCULATED 683 SX TO SURFACE. 09/29/2012 -RELEASED RIG.
9/18/2012 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
09/18/12	Surf	FreshWater	12.25	9.625	36	J55	0	428	350	1.67	C		640	0	N
09/28/12	Prod	Brine	7.875	5.5	17	L80	0	5025	1310	1.89	C		5000	0	N

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed _____ TITLE _____ DATE 12/4/2012
Type or print name **KAREN M SINARD** E-mail address **karen_sinard@oxy.com** Telephone No. **713-366-5485**

For State Use Only:

APPROVED BY: **Randy Dade** TITLE **District Supervisor** DATE **12/5/2012 7:47:40 AM**