

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

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

**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

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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 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: SURFACE POOL COMMINGLE <input checked="" type="checkbox"/>		OTHER: PC-1260 <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 19.15.7.14 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 *Joni Early* TITLE Director DATE 8/13/13  
 Conditions of Approval (if any):