



Occidental Oil and Gas Corporation
Attn: Sarah Mitchell
6001 Deauville Blvd.
Midland, Texas 79706

432-699-4318
sarah_mitchell@oxy.com

February 9, 2017

State of New Mexico Energy, Minerals
and Natural Resources Department
Oil Conservation Division
811 S. First St.
Artesia, New Mexico 88210

RE: Pool Change: Cedar Canyon 16 #1H (API: 30-015-39856)
Cedar Canyon 16 State #2H (API: 30-015-41024)
Cedar Canyon 16 State #12H (API: 30-015-42683)

Dear Oil Conservation Division:

Enclosed please find amended C-102, C-103, and C-104 forms for the above referenced wells. OXY USA Inc. respectfully requests the well records be amended to reflect the above wells are within the Pierce Crossing; Bone Spring, East Pool (Pool ID: 96473). Additionally, OXY USA Inc. respectfully requests to rename the Cedar Canyon 16 #1H well to the Cedar Canyon 16 State #1H and amend the well records to reflect that this well is producing from a state lease.

Please do not hesitate to contact me if I can provide you with any further information.

Best regards,

OXY USA Inc.

A handwritten signature in blue ink that reads "Sarah Mitchell".

Sarah Mitchell
Regulatory Specialist

cc: Mr. Phillip Goetze, PG; NMOCD-Santa Fe
/shm

DISTRICT I
 1625 N. French Dr., Hobbs, NM 88240
 Phone: (575) 393-6161 Fax: (575) 393-0720

DISTRICT II
 811 S. First St., Artesia, NM 88210
 Phone: (575) 748-1283 Fax: (575) 748-9720

DISTRICT III
 1000 Rio Brazos Road, Aztec, NM 87410
 Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505
 Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
 Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, New Mexico 87505

Form C-102
 Revised August 1, 2011
 Submit one copy to appropriate
 District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-39856	Pool Code 96473	Pool Name Pierce Crossing; Bone Spring, East
Property Code	Property Name CEDAR CANYON 16 State	Well Number 1H
OGRID No. 16696	Operator Name OXY U.S.A. INC.	Elevation 2927'

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	16	24-S	29-E		380	NORTH	660	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	16	24-S	29-E		758	SOUTH	683	WEST	EDDY

Dedicated Acres 160	Joint or Infill Y	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

CORNER COORDINATES TABLE

- (A) - Y=445636.4 N, X=603837.2 E
- (B) - Y=445644.1 N, X=605160.0 E
- (C) - Y=442982.3 N, X=603852.3 E
- (D) - Y=440328.1 N, X=603868.4 E
- (E) - Y=440335.2 N, X=605192.3 E

GEODETTIC COORDINATES
 NAD 27 NME

SURFACE LOCATION
 Y=445260.4 N
 X=604499.4 E
 LAT = 32 223685" N
 LONG = 103 995411" W

BOTTOM HOLE LOCATION
 Y=441139.4 N
 X=604523.6 E

OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unless mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Sarah Mitchell 2/9/17
 Signature Date

Sarah Mitchell
 Printed Name

sarah_mitchell@oxy.com
 E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

MARCH 21, 2012
 Date of Survey

Signature of Professional Surveyor:

Certificate Number: 3239
 City: El Paso
 State: New Mexico
 County: El Paso
 AP: 12641
 FWSC W.O.: 12.11.0614

Producing area

Project area

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 30 015 39856
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No VA 0836 0001
7 Lease Name or Unit Agreement Name Cedar Canyon 16 State
8 Well Number 1H
9 OGRID Number 16696
10 Pool name or Wildcat Pierce Crossing Bone Spring East

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 D 380 feet from the North line and 660 feet from the West line
 Section 16 Township 24S Range 29E NMPM County Eddy

11 Elevation (Show whether DR RKB RT GR etc)
2927 GR

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 Pool change and name change <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

Per the NMOCD OXY USA Inc respectfully requests to change the pool name of the Cedar Canyon 16 #1H (API 30 015 39856) from the Corral Draw Bone Spring Pool 96238 to the Pierce Crossing Bone Spring East Pool 96473

OXY USA Inc respectfully requests to rename the Cedar Canyon 16 #1H (API 30 015 39856) to the Cedar Canyon State 16 #1H and to amend the well records to reflect that this well is producing from a state lease

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 Sarah Mitchell TITLE Regulatory Specialist DATE 2/9/17

Type or print name Sarah Mitchell E mail address sarah_mitchell@oxy.com PHONE 432 699 4318

For State Use Only

APPROVED BY _____ TITLE _____ DATE _____

Conditions of Approval (if any)

District I
1625 N French Dr Hobbs NM 88240

District II
811 S First St Artesia NM 88210

District III
1000 Rio Brazos Rd Aztec NM 87410

District IV
1220 S St Francis Dr Santa Fe NM 87505

State of New Mexico
Energy Minerals & Natural Resources

Form C 104
Revised August 1 2011

Oil Conservation Division
1220 South St Francis Dr
Santa Fe NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

I REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address OXY USA Inc P O Box 50250 Midland, TX 79710		² OGRID Number 16696
		³ Reason for Filing Code/ Effective Date Pool Change/Name Change
⁴ API Number 30 - 015 39856	⁵ Pool Name Pierce Crossing Bone Spring East	⁶ Pool Code 96473
⁷ Property Code	⁸ Property Name Cedar Canyon 16 State	⁹ Well Number 1H

II ¹⁰ Surface Location

Ul or lot no D	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
	16	24S	29E		380	North	660	West	Eddy

¹¹ Bottom Hole Location

UL or lot no M	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
	16	24S	29E		758	South	683	West	Eddy
¹² Lse Code S	Producing Method Code F	¹⁴ Gas Connection Date	¹⁵ C 129 Permit Number	¹⁶ C 129 Effective Date	¹⁷ C 129 Expiration Date				

III Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
239284	OCCIDENTAL ENERGY TRANSPORTATION LLC	O
151618	Enterprise Field Services LLC	G

IV Well Completion Data

²¹ Spud Date 6/12/12	²² Ready Date 7/25/12	²³ TD 11502 M 7685 V	²⁴ PBTD 11418 M 7672' V	²⁵ Perforations 8620 11201	²⁶ DHC MC
⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2	13 3/8	385'	430		
12 1/4	9 5/8	2875'	1130		
8 3/4	5 1/2	11502	1840		
	2 7/8	7250			

V Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg Pressure	³⁶ Csg Pressure
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas		⁴¹ Test Method

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief Signature <i>Sarah Mitchell</i>	OIL CONSERVATION DIVISION Approved by
Printed name Sarah Mitchell	Title
Title Regulatory Specialist	Approval Date
E mail Address sarah_mitchell@oxy.com	
Date 2/9/17	Phone 432 699 4318