

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 30 015-41024	Pool Code 96473	Pool Name Pierce Crossing Bone Spring East
Property Code 39668	Property Name CEDAR CANYON 16 STATE	
OGRID No 16696	Operator Name OXY U.S.A., INC	
		Well Number 2H
		Elevation 2928'

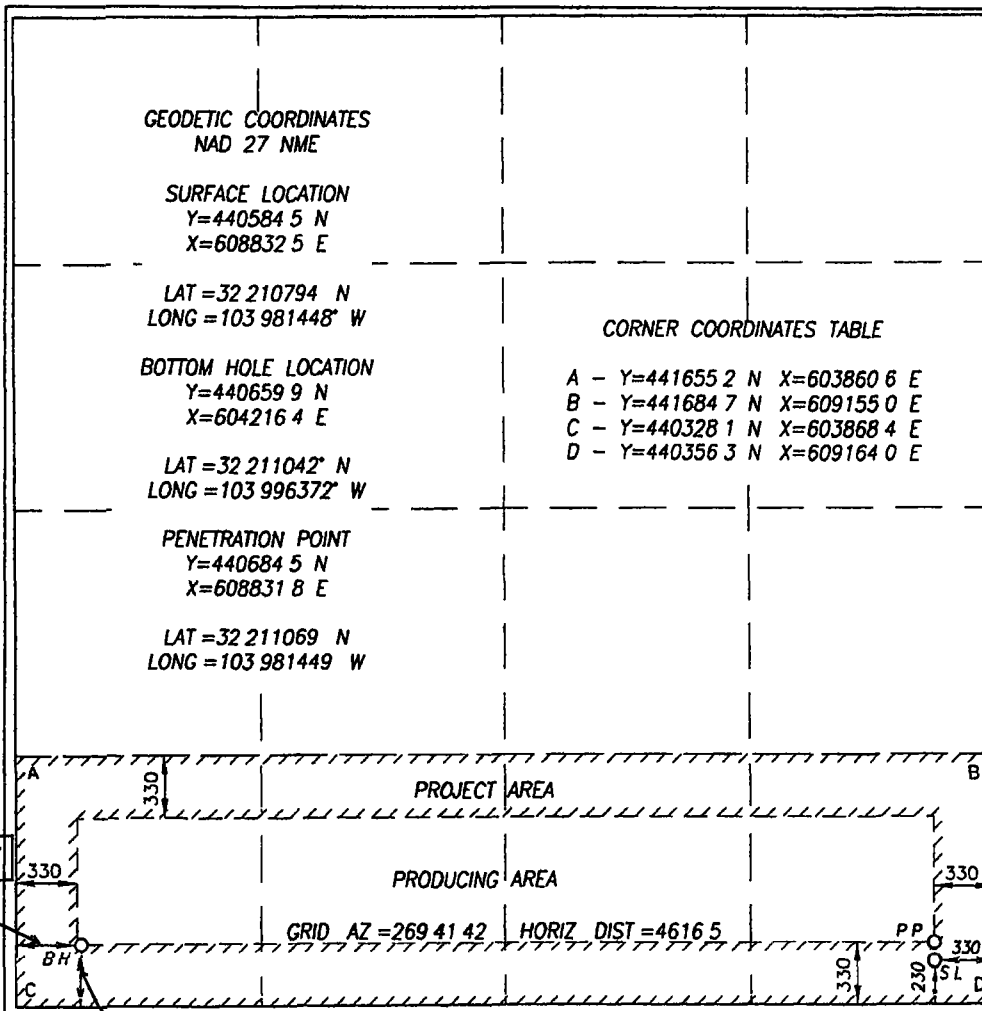
Surface Location

UL or lot No	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
P	16	24-S	29-E		230	SOUTH	330	EAST	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		338	SOUTH	347 7	WEST	EDDY
Dedicated Acres 160		Joint or Infill Y	Consolidation Code		Order No Top perf 384 FSL 579 FEL Bottom perf 344 FSL 587 FWL				

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



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 unleased 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.

JANUARY 17 2013

Date of Survey
Signature of Registered Professional Surveyor

GARY G. EIDSON
NEW MEXICO
REGISTERED SURVEYOR
12641
1/23/13
Certificate of Professional Surveyor
DSS JWSC W O 13 11 0084

Submit 1 Copy To Appropriate District Office
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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 41024
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 2H
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2 Name of Operator OXY USA Inc	
3 Address of Operator P O Box 50250 Midland TX 79710	
4 Well Location Unit Letter <u>P</u> <u>230</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Section <u>16</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>Eddy</u>	
11 Elevation (Show whether DR RKB RT GR etc) 2928 GR	

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

NOTICE OF INTENTION TO
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED LOOP SYSTEM ☐
OTHER Pool Change ☒

SUBSEQUENT REPORT OF
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER ☐

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 move the Cedar Canyon 16 State #2H (API No 30 015 41024 from the Corral Draw Bone Spring Pool 96238 to the Pierce Crossing Bone Spring East Pool 96473

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)

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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
⁴ API Number 30 - 015 41024	⁵ Pool Name Pierce Crossing Bone Spring East	⁶ Pool Code 96473
⁷ Property Code 39668	⁸ Property Name Cedar Canyon 16 State	⁹ Well Number 2H

II ¹⁰ Surface Location

UL or lot no P	Section 16	Township 24S	Range 29E	Lot Idn	Feet from the 230	North/South Line South	Feet from the 330	East/West line East	County Eddy
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¹¹ Bottom Hole Location

UL or lot no M	Section 16	Township 24S	Range 29E	Lot Idn	Feet from the 338	North/South line South	Feet from the 348	East/West line West	County Eddy
¹² Lse Code S	¹³ Producing Method Code F	¹⁴ Gas Connection Date	¹⁵ C 129 Permut 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 2/12/13	²² Ready Date 5/8/13	²³ TD 13240 M 8575 V	²⁴ PBTB 13062' M 8634 V	²⁵ Perforations 8860 13000	²⁶ DHC MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
16	13 3/8	356	625		
12 1/4	9 5/8'	2977	1260		
8 3/4	5 1/2 '	13240'	2210		
	2 7/8	7910'			

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	
Printed name Sarah Mitchell	Approved by	
Title Regulatory Specialist	Title	
E mail Address sarah_mitchell@oxy.com	Approval Date	
Date 2/9/17	Phone 432 699 4318	