

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 August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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 <input type="checkbox"/>		WELL API NO. SEE ATTACHED
2. Name of Operator OXY USA, Inc.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 12955 Willow Place West, #691485, Houston, TX 77269		6. State Oil & Gas Lease No. SEE ATTACHED
4. Well Location Unit Letter _____ : _____ feet from the _____ line and _____ feet from the _____ line. Section _____ Township _____ Range _____ NMPM _____ County EDDY		7. Lease Name or Unit Agreement Name SEE ATTACHED
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		8. Well Number
		9. OGRID Number
		10. Pool name or Wildcat

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"/>		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: Surface Commingle, Off-Lease Storage & Measuring <input checked="" type="checkbox"/>		OTHER: <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., respectfully requests authorization to surface commingle produced fluids (oil, gas, & water) from the Cedar Canyon 27 Federal COM 1H well, Cedar Canyon 28 Federal COM 2H well, and Gaines 28 Federal COM #1 well at the Gaines 28 #005 Battery.

Produced oil from each well will be metered after separation by dedicated coriolis flow meters. The oil streams will then be commingled for transfer to the adjacent Gaines 28 State #5 well pad for further processing. The gas streams will be individually metered by orifice plate flow meters before being commingled and transferred to the Gaines 28 State #5 well pad. Produced water from each well will be individually metered by turbine water flow meters before being commingled. The Gaines 28 State #5 well has its own dedicated oil storage tank.

The working interest, royalty and overriding royalty interest owners in the subject wells are different therefore notification is required (sent certified return receipt). The proposed commingling of production is to increase the amount of usable surface lease are and reduce operating expense between the wells which will result in the increase economic life of the wells.

BLM has also been notified of this proposal by copy of Form 3160-5.

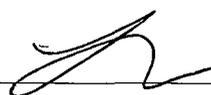
Spud Date: Rig Release Date:

RECEIVED

JUN 13 2013

NMOCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Regulatory Consultant DATE 5-27-2013

Type or print name Laura Boyko E-mail address: LBarfield@peg-us.com PHONE: 281-890-1818

For State Use Only

APPROVED BY: Accepted for record
LRD, NMOCD 6/20/2013 TITLE _____ DATE _____

Conditions of Approval (if any):