

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.<br>30-015-41291  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Cedar Canyon 15   |
| 8. Well Number<br>4H  |
| 9. OGRID Number<br>16696  |
| 10. Pool name or Wildcat<br>Pierce Crossing Bone Springs, E.  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>2926' GR                                      |

**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 E : 2310 feet from the north line and 330 feet from the west line  
 Section 15 Township 24S Range 29E NMPM County Eddy

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: <input type="checkbox"/>                |   | OTHER: <u>Completion</u> <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

RUPU 6/19/13, Drill and clean out to PBD @ 12293'. RIH w/ CBI. Pressure test csg to 5420', held for 30min, tested good, increase to 6200# for 30 min, tested good. RIH & perf @ 12900-12390, 12220-11710, 11540-11030, 10860-10350, 10180-9670, 9500-9000' Total 180 holes. Frac in 6 stages w/ 170052g Treated Wtr + 24000g 15% HCL acid + 100259g WaterFrac GR15 + 1060819g Delta Frac 140-15 w/ 2193651# sand, RD HES. RIH with 2-7/8" tbg w/ pkr @ 7905', flow back to clean up and test well for potential.

Spud Date: 5/13/13 Rig Release Date: 6/5/13

RECEIVED

SEP 03 2013

NMOCD ARTESIA

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

SIGNATURE [Signature] TITLE Sr. Regulatory Advisor DATE 8/29/13  
 Type or print name David Stewart E-mail address: david\_stewart@oxy.com PHONE: 432-685-5717

For State Use Only  
 APPROVED BY: [Signature] TITLE Dist. Reg. Supervisor DATE 9/3/2013  
 Conditions of Approval (if any):

*[Handwritten mark]*