

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French
 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

NM OIL CONSERVATION

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

SEP 25 2015
 RECEIVED

WELL API NO. 30-015-42061
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. VA-836
7. Lease Name or Unit Agreement Name CEDAR CANYON 16 STATE
8. Well Number 9H
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 : 224 feet from the NORTH line and 350 feet from the WEST line
 Section 16 Township 24S Range 29E NMPM County EDDY

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 checked="" type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Corrected form to reflect the right production casing setting depths <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.

7/15/15 Drill 6-3/4" hole to 14485'M 9956'V 8/01/15. RIH & set split csg string w/ 4-1/2" 13.5# P110 DQX @ 14401-10118' and 5-1/2" 20# P110 UF csg @ 10118'-0'. Pump 50bbl tuned spacer w/ red dye then cmt w/ 1200sx (653bbl) Tuned Light w/ additives @ 10.2ppg 3.06 yield followed by 580sx (166bbl) PPH w/ additives @ 13.2ppg 1.61 yield, had partial returns, did not circ cmt to surface. ND BOP, Install tubing head & test to 5000# for 30min, tested good. RD Rel Rig 8/5/15

Spud Date: 7/11/15

Rig Release Date: 8/5/15

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

SIGNATURE  TITLE Regulatory Coordinator DATE 9/21/15

Type or print name Jana Mendiola E-mail address: janalyn_mendiola@oxy.com PHONE: 432-685-5936

For State Use Only
 APPROVED BY:  TITLE Dist. Supervisor DATE 10/6/15
 Conditions of Approval (if any):