

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. 30-015-42683
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 12H
9. OGRID Number 16696
10. Pool name or Wildcat Pierce Crossing; Bone Spring, East
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2926.4

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 **NM OIL CONSERVATION ARTESIA DISTRICT**

2. Name of Operator
OXY USA Inc. **NOV 07 2018**

3. Address of Operator
P.O. Box 50250, Midland, Texas 79710 **RECEIVED**

4. Well Location
Unit Letter M : 900 feet from the SOUTH line and 860 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

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 type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Follow up injection sundry <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.

4/5/2018 Began gas injection at 2:00 P.M. Initial tubing pressure was 1077 psi. Beginning injection volumes were 3 MMSCFD. Currently injecting at full rates of 6.5 MMSCFD.

Please reference the sundry filed 3/15/18 for a description of the well work and MIT.

Injection authority pursuant to Order R-14322.

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 Advisor DATE 4/23/18

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

For State Use Only

APPROVED BY: Rusty Kren TITLE Business Ops Spec A DATE 11-7-2018
 Conditions of Approval (if any):