Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-015- 31190

5. Indicate Type of Lease STATE ☒ FEE ☐

State Oil & Gas Lease No. V04981

7. Lease Name or Unit Agreement Name: OXY COMPONY State

8. Well No. 1

9. Pool name or Wildcat Undes. Empire Morrow, South

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. 16696

3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710-0250

4. Well Location
Unit Letter A : 660 feet from the North line and 660 feet from the East line
Section 16 Township 18S Range 29E NMPM EDDY County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

JUN 2000 RECEIVED OCD - ARTESIA

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☒	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	MULTIPLE COMPLETION	☐	CASING TEST AND CEMENT JOB	☐		
OTHER:			☐	OTHER:			☐

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

BOP PROGRAM: 400'-3000' 11" 5M blind and pipe rams with 5M annular preventer.

CASING: Intermediate: 8-5/8" OD 32# K55 ST&C new casing from 0-3000' 11" hole

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

SIGNATURE _____ TITLE REGULATORY ANALYST DATE 6/26/00

Type or print name DAVID STEWART Telephone No. 915-685-5717

(This space for State use)

APPPROVED BY Tim W. Gum BGA TITLE District Supervisor DATE JUN 29 2000

Conditions of approval, if any: