

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
October 13, 2009

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

WELL API NO. 30-015-01728
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E949
7. Lease Name or Unit Agreement Name Sinclair State
8. Well Number 1
9. OGRID Number 16696
10. Pool name or Wildcat Artesia Qn GBSA

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"/>	RECEIVED FEB 15 2012 NMOCD ARTESIA
2. Name of Operator OXY USA Inc.	
3. Address of Operator P.O. Box 50250 Midland, TX 79710	
4. Well Location Unit Letter <u>M</u> : <u>990</u> feet from the <u>South</u> line and <u>400</u> feet from the <u>west</u> line Section <u>35</u> Township <u>17S</u> Range <u>28E</u> NMPM County <u>Eddy</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3674'</u>	

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"/>			
OTHER: <input 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.

2/1/12 MIRU, WK STK PUMP, POOH w/ rods & pump, NDWH, NUBOP
2/2/12 POOH w/ tbg, RIH & set CIBP @ 2809', POOH, WO cmt trk, SIFWE
2/6/12 RU pmp trk, RIH & tag CIBP @ 2809', circ hole w/ 10# MLF, spot 25sx CL C cmt, Calc TOC 2448', POOH. RIH & set pkr @ 1129', RIH w/ WL & perf @ 1600', POOH. EIR @ 1.5BPM w/ full returns up 4-1/2 X 8-5/8", sqz 55sx CL C cmt, WOC.
2/7/12 Rel pkr, POOH, RIH w/ tbg to 1679', no cmt tag, POOH. RIH & set pke @ 1129', test perfs to 1600#, no rate, no loss. Rel pkr, POOH. RIH to 1679', spot 25sx CL C cmt w/ 2% CaCl2, POOH, WOC. RIH & tag cmt @ 1250', PUH & perf @ 774', rel pkr, ND BOP, NUWH. Break circ, sqz 295sx CL C cmt, circ to surf, WOC.
2/8/12 NDWH, NU BOP, RIH & tag cmt @ 140', POOH.
2/9/12 RIH w/ WL, perf @ 130', POOH, NDBOP, NUWH, EIR, circ 60sx CL C cmt to surf, RDPU.

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 David Stewart TITLE Regulatory Advisor DATE 2/10/12

Type or print name David Stewart E-mail address: david_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: Dr. J. S. Stewart TITLE Dr. J. S. Stewart DATE 02/22/12

Conditions of Approval (if any):