

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 August 1, 2011

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

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|---|
| WELL API NO. 30-015-39857 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name Cedar Canyon 15 |
| 8. Well Number 1 |
| 9. OGRID Number 16696 |
| 10. Pool name or Wildcat Cedar Canyon Delaware |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2927' 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

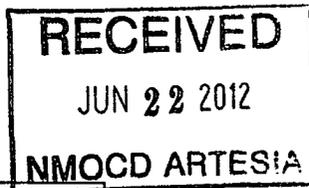
4. Well Location
 Unit Letter M : 660 feet from the south line and 660 feet from the west line
 Section 15 Township 24S Range 29E NMPM County Eddy

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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS <input checked="" type="checkbox"/> |
| DOWNHOLE COMMINGLE <input type="checkbox"/> | P AND A <input type="checkbox"/> |
| OTHER: <input type="checkbox"/> | CASING/CEMENT JOB <input checked="" 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.

Spud 17-1/2' hole 6/16/12, drill to 635' 6/17/12. RIH & set 13-3/8' 48# H-40 STC csg @ 633', cmt w/ 770sx (185bbl) PPC w/ additives, circ 220sx (53bbl) cmt to surf. WOC. Test BOP's @ 250# low 5000# high. 6/19/12, RIH & tag cmt @ 578', circ hole, pressure test csg to 1200# for 30min, tested good.



Spud Date: 6/16/12

Rig Release Date: _____

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

SIGNATURE [Signature] TITLE Regulatory Advisor DATE 6/21/12

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

For State Use Only
 APPROVED BY: [Signature] TITLE Dist # Supervisor DATE 7/5/12
 Conditions of Approval (if any): _____