

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-015-40071
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA WTP Limited Partnership		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name Swearingen A Fee Com.
4. Well Location Unit Letter <u>P</u> : <u>330</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>east</u> line Section <u>5</u> Township <u>23S</u> Range <u>28E</u> NMPM County <u>Eddy</u>		8. Well Number <u>3H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 192463
		10. Pool name or Wildcat Culebra Bluff Bone Spring, S.

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 checked="" 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"/>			
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.

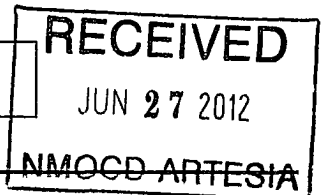
Spud 17-1/2" hole 6/3/12, drill to 420'. RIH & set 13-3/8" 48# H-40 STC csg @ 420', cmt w/ 580sx (140bbl) PPC w/ additives, circ 174sx (42bbl) cmt to surf. WOC. Test BOP's @ 250# low 5000# high. 6/6/12, RIH & tag cmt @ 368', circ hole, pressure test csg to 1250# for 30min, tested good.

6/6/12, drill 12-1/4" hole to 2565', 6/8/12. RIH & set 9-5/8" 40# J55 LTC csg @ 2549', cmt w/ 720sx (241bbl) Light PPC w/ additives followed by 250sx (59bbl) PPC w/ additives, circ 90sx (30bbl) cmt to surface. WOC. Test BOP's @ 250# low 5000# high. 6/10/12 RIH & tag cmt @ 2464', circ hole, pressure test csg to 2765# for 30 min, tested good.

Spud Date:

6/3/12

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 6/25/12

Type or print name \_\_\_\_\_ E-mail address: david\_stewart@oxy.com PHONE: 432-685-5717

For State Use Only

APPROVED BY: BR Dade TITLE Dist. Supervisor DATE 7/5/12

Conditions of Approval (if any):