

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

WELL API NO. 30-015-41032
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 2H
9. OGRID Number 16696
10. Pool name or Wildcat Pierce Crossing Bone Springs, E.

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 : 170 feet from the South line and 360 feet from the West line
 Section 15 Township 24S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
2927

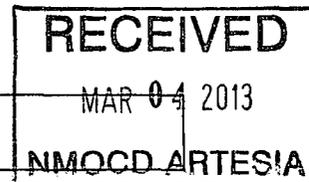
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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 14-3/4' hole 2/23/13, drill to 340'. RIH & set 11-3/4' 42# H-40 STC csg @ 334', cmt w/ 280sx (69bbl) PPC w/ additives, circ 83sx (20bbl) cmt to surf, WOC. Test BOP's @ 250# low 3000# high. 2/25/13, RIH & tag cmt @ 289', circ hole, pressure test csg to 1380# for 30min, tested good.

2/25/13, drill 10-5/8' hole to 3101', 2/27/13. RIH & set 8-5/8' 32# J55 LTC csg @ 3101', cmt w/ 610sx (201bbl) Light PPC w/ additives followed by 230sx (56bbl) PPC w/ additives, circ 166sx (55bbl) cmt to surface. WOC. Test BOP's @ 250# low 5000# high, test csg to 2750# for 30min, held good. RIH & tag cmt @ 3002'.



Spud Date: 2/23/13

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 3/1/13

Type or print name David Stewart E-mail address: david.stewart@oxy.com PHONE: 432-685-5717
 For State Use Only

APPROVED BY: DR Dade TITLE Dist. H. Supervisor DATE 3/6/13 *am*

Conditions of Approval (if any):