

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. 30-015-41024
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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name Cedar Canyon 16 State
4. Well Location Unit Letter <u>P</u> : <u>230</u> feet from the <u>south</u> line and <u>330</u> feet from the <u>east</u> line Section <u>16</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>Eddy</u>		8. Well Number <u>2H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>2925' GR</u>		9. OGRID Number 16696
10. Pool name or Wildcat Cornal Draw Bone Spring		

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

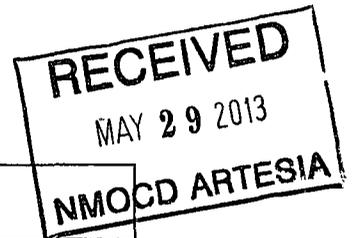
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Completion</u> <input checked="" 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.

RUPU 3/18/13, Drill and clean out to PBDT @ 1306Z. Pressure test csg to 5420', held for 30min, tested good. Perf @ 13000-12460, 12280-11740, 11560-11020, 10840-10300, 10120-9580, 9400-8860 Total 180 holes. Frac w/ 154043g Treated Wtr + 24000g 15% HCL acid + 92620g WaterFrac GR15 + 1108726g Hybor GR15 w/ 2078960# sand, RD HES. RIH w/ 2-7/8'tbg w/ pkr @ 7910', swab, flow back to clean up well and test well for potential.

Spud Date: 2/12/13

Rig Release Date: 3/3/13



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 5/22/13

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

APPROVED BY: [Signature] TITLE Dr. J. Spencer DATE 5/29/2013  
 Conditions of Approval (if any):

*[Handwritten mark]*