

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. 30-015-40890
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. UG-3604-0002
7. Lease Name or Unit Agreement Name Lost Tank 35 State SWD
8. Well Number 1
9. OGRID Number 16696
10. Pool name or Wildcat Lost Tank Delaware

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 SWD

2. Name of Operator  
OXY USA Inc.

3. Address of Operator  
P.O. Box 50250 Midland, TX 79710

4. Well Location  
 Unit Letter K 2630 feet from the South line and 2630 feet from the West line  
 Section 35 Township 21S Range 31E NMPM County Eddy

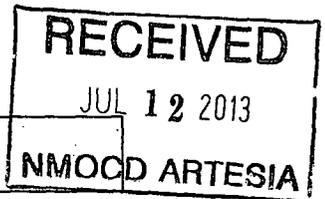
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3521.6'

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" 6/28/13, drill to 852' 6/29/13. RIH & set 11-3/48" 42# H-40 STC csg @ 852', cmt w/ 330sx (102bbl) PPC w/ additives 13.5ppg 1.73 yield followed by 270sx (65bbl) w/ additives 14.8ppg 1.35yield, circ 308sx (95bbl) cmt to surf. WOC. Test BOP's @ 250# low 1550# high. 6/30/13 Test csg to 1380# for 30min, tested good. RH & tag cmt @ 795'.



Spud Date: 6/28/13

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 7/10/13

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

**For State Use Only**

APPROVED BY: R Wade TITLE Dist II Supervisor DATE July 16, 2013

Conditions of Approval (if any):

SW