Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-015-40857
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE ⊠ FEE □
<u>District IV</u> - (505) 476-3460	Santa Fe, NM 8750	05	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NOTI	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG SATION FOR PERMIT" (FORM C-101) FOR S		Roo 22 State
PROPOSALS.)			8. Well Number #16
	Gas Well Other		
2. Name of Operator OXY USA INC		1	9. OGRID Number 16696
3. Address of Operator			10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX 77210			ARTESIA ; GLORIETA-YESO (O) - 96830
4. Well Location			
Unit LetterN	feet from theSlin	ne and _1120	feet from theWline
Section 22	Township 17S Range	28E	NMPM County EDDY
	11. Elevation (Show whether DR, RI		
	3597' GI	R	
12. Check A	ppropriate Box to Indicate Natu	are of Notice, R	eport or Other Data
NOTICE OF IN	TENTION TO:	SUBS	EQUENT REPORT OF:
PERFORM REMEDIAL WORK			☐ ALTERING CASING ☐
TEMPORARILY ABANDON	·	OMMENCE DRILL	
PULL OR ALTER CASING	MULTIPLE COMPL C	CASING/CEMENT	JOB
DOWNHOLE COMMINGLE			
OTHER:		OTHER: First (Gas Sales ⊠
		tinent details, and	give pertinent dates, including estimated date
	rk). SEE RULE 19.15.7.14 NMAC.	For Multiple Comp	pletions: Attach wellbore diagram of
proposed completion or reco	ompletion.		
First Gas Sales: 08/30/2013			
Meter number 727917-00			
•			
			RECEIVED
			OCT 1 7 2013
			AUDACOD ADTECIA
			NMOCD ARTESIA
	 1		
Spud Date:	Rig Release Date:		<u> </u>
		L	
I hereby certify that the information a	bove is true and complete to the best	of my knowledge	and belief.
$A \cdot O C$	\		
SIGNATURE MANAGE	TITLE REGULA	ATORY SPECIAL	IST DATE _10-16-2013
		or i beine	DATE 10 10 2015
Type or print name _JENNIFER DU	ARTE E-mail address: _jer	nnifer_duarte@oxy	y.com PHONE: _713-513-6640
For State Use Only		- 0	
APPROVED BY: ()	Ole TITLE D. 5-2	PSURWISH	DATE 10/17/2013
Conditions of Approval (if any):			