

**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 D 224 feet from the North line and 350 feet from the West line  
Section 16 Township 24S Range 29E NMPM County EDDY

11. Elevation (Show whether PR, 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"/>			
CLOSED-LOOP SYSTEM <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 11" hole 7/11/15, drill to 459' 7/11/15. RIH & set 8-5/8" 32# J-55 BTC csg @ 459', pump 20BFW spacer w/ red dye, then cmt w/ 280sx (68bbl) PPC w/ additives @ 14.8ppg 1.36 yield, had full returns, circ 58sx (14bbl) cmt to surface. Install WH, test to 1771#, RU BOP, test @ 250# low 5000# high. 7/14/15, test csg to 2750# for 30 min, test passed. RIH & tag cmt @ 390', drill new formation to 469', perform FIT test to EMW=13.0ppg.

Spud Date: 7/11/15 Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Regulatory Coordinator DATE 7-16-15

Type or print name Jana Mendiola E-mail address: janalyn\_mendiola@oxy.com PHONE: 432-685-5936

**For State Use Only**

APPROVED BY: [Signature] TITLE Dist. Supervisor DATE 8/14/15

Conditions of Approval (if any):