

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 July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br>30-015-29447  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>20588   |
| 7. Lease Name or Unit Agreement Name<br>McCall  |
| 8. Well Number<br>2   |
| 9. OGRID Number<br>16696  |
| 10. Pool name or Wildcat<br>Atoka Glorieta Yeso   |

**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 : 330 feet from the South line and 330 feet from the West line  
Section 24 Township 18S Range 26E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3298'

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 type="checkbox"/> | P AND A <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL. <input type="checkbox"/>  | CASING/CEMENT JOB <input 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. NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/26/2015 MIRU PU  
10/27/2015 POOH w/ rods and pump, NDWH NU BOP, POOH w/ tbq.  
10/28/2015 RIH & set CIBP @ 2813', POOH. RIH w/ tbq & tag CIBP @ 2813', circ hole w/ 10# MLF, M&P 25sx CL C cmt, Calc TOC 2444'. PUH to 1180', M&P 25sx CL C cmt, POOH, WOC.  
10/29/2015 RIH & tag cmt @ 797', PUH to 478'. M&P 35sx CL C cmt, circ to surface. ND BOP, top off csg, RDPU.

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/oed.

NM OIL CONSERVATION  
ARTESIA DISTRICT

Spud Date:

Rig Release Date:

NOV 10 2015

RECEIVED

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

SIGNATURE David Stewart TITLE Sr. Regulatory Advisor DATE 11/3/15

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

For State Use Only

APPROVED BY: JD Dade TITLE Dist. Reg. Supervisor DATE 11/18/2015

Conditions of Approval (if any):

\* submit Subsequent C-103