Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised July 18, 2013 WELL API NO.
District II – (575) 748-1283 B(1) S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-015-43843
<u>District III</u> - (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE 🔀 FEE 🔲
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		5. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
······································	CES AND REPORTS ON WELLS	. 7	7. Lease Name or Unit Agreement Name
(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.)			CEDAR CANYON 16 STATE
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other		8	3. Well Number 34H
2. Name of Operator OXY USA INC.			9. OGRID Number 16696
3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710			0. Pool name or Wildcat Pierce Crossing Wolfcamp
4. Well Location		r	heree Crossing wortcamp
	_feet from theNORTH line	and 1083 feet	from the EAST line
Section 16			NMPM County EDDY
	11. Elevation (Show whether DR, R	/	
	2927'		
12. Check A	ppropriate Box to Indicate Natu	ure of Notice. Re	eport or Other Data
	· · ·		
		SUBSE REMEDIAL WORK	
		COMMENCE DRILL	— — —
PULL OR ALTER CASING		CASING/CEMENT J	
DOWNHOLE COMMINGLE			
		OTHER:	-
OTHER: 13. Describe proposed or comple			ive pertinent dates, including estimated dat
of starting any proposed wor	k). SEE RULE 19.15.7.14 NMAC.		
proposed completion or reco	mpletion.		
10/4/16 drill 9-7/8" hole to 10003' -	10/13/16. RIH & set 7-5/8" 29.7# [L-80 BTC csa @ 9	9995', DVT @ 2958', ACP @ 3026',
			ld followed by 170sx (49bbl) PPC w/
			c, pump 10BFW spacer w/ dye then cm
			C w/ additives 14.8ppg 1.33 yield, drop pack-off, test to 5000#, good test. ND
BOP, install wellhead night cap. 1			
			NM OIL CONSERVATION
			ARTESIA DISTRICT
		[<u>OCT 2 4 2016</u>
Spud Date: 0216	Rig Release Date:	:	RECEIVED
			REVEIVED
I hereby certify that the information al	hove is true and complete to the best	of my knowledge a	nd helief
		or my knowledge a	
SIGNATURE	TITLE Regula	atory Coordinator	DATE10/21/16
- 0	E mail addresses is rate	n mandiala@arra	
Type or print name <u>Jana Mendiola</u> For State Use Only	E-mail address: janaly	/n_mendiola@oxy.c	com PHONE: _432-685-5936
	Non hul	Un An	All pure value lue
APPROVED BY: ///////////////////////////////////	TITLE Dust	perspec-	(Id) DATE 10/26/16
conditions of Approval (it any).	·	V U	