| Submit 1 Copy To Appropriate District Office   | State of New Mexico                    |                                 | Form C-103                     |   |
|--|--|---------------------------------|--------------------------------|---|
| District I – (575) 393-6161  | Energy, Minerals and Natural Resources |                                 | Revised July 18, 2013          |   |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283   |  |                                 | WELL API NO.<br>30-015-43844   |   |
| 811 S. First St., Artesia, NM 88210  | OIL CONSERVATION DIVISION              |                                 | 5. Indicate Type of L          | ease  |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410   | 1220 South St. Francis Dr.             |                                 | STATE 🖂                        | FEE 🗌   |
| District IV - (505) 476-3460   | Santa Fe, NM 87505                     |                                 | 6. State Oil & Gas Le          | ease No.  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |  |                                 |                                |   |
| SUNDRY NOTICES AND REPORTS ON WELLS  |  |                                 | 7. Lease Name or Un            | _   |
| (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 1  8. Well Number |   |
| 1. Type of Well: Oil Well  |  |                                 |                                | 33H   |
| 2. Name of Operator OXY USA INC.   |  |                                 | 9. OGRID Number                | 16696   |
| 3. Address of Operator P.O. BOX 50250 MIDLAND, TX 79710  |  |                                 | 10. Pool name or Wildcat       |   |
| 3. Hadiess of operator 1.0. Box 30230 HilbErt (2), 12 77710  |  |                                 | Purple Sage Wolfcamp           |   |
| 4. Well Location   |  |                                 |                                | -   |
| Unit Letter_A :_402_   | _feet from the <u>NORTH</u> line an    | d 1123 feet from                | m the EAST line                |   |
| Section 16   |  | NMPM                            | County EDDY                    |   |
| the Same and the same of the s | 11. Elevation (Show whether DR,        | Range 29E<br>RKB, RT, GR, etc., |                                | Charles Fugin   |
| 2927' GR   |  |                                 |                                | <b>建</b> 花  |
|  |  |                                 |                                |   |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |  |                                 |                                |   |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |  |                                 |                                |   |
| PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR  |  |                                 |                                | TERING CASING   |
| TEMPORARILY ABANDON  | CHANGE PLANS                           | LLING OPNS. P                   | AND A                          |   |
| PULL OR ALTER CASING   | MULTIPLE COMPL                         | CASING/CEMENT                   | TJOB 🗌                         |   |
| DOWNHOLE COMMINGLE   |  |                                 |                                |   |
| CLOSED-LOOP SYSTEM   |  | OTLIED                          | $\nabla$                       |   |
| OTHER:  13 Describe proposed or comp   | pleted operations (Clearly state all t | OTHER:                          | d give pertinent dates in      | acluding estimated date   |
| 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.   |  |                                 |                                |   |
| G  | E. P. 11G . II.G                       |                                 |                                |   |
| Gas connected 12/21/16 to  | Enterprise Field Services, LLC.        |                                 | Manage                         |   |
|  |  |                                 | APA                            | CONSERVATION STRICT   |
|  |  |                                 |                                |   |
|  |  |                                 | AP)                            | ₹ 9 3 2017  |
|  |  |                                 | 5                              | . The same of the |
|  |  |                                 | ) { <del>  [</del> -           | CETYED  |
| Spud Date: Rig Release Date:   |  |                                 |                                |   |
| Spud Dute.   |  |                                 |                                |   |
|  |  |                                 |                                |   |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                                 |                                |   |
|  |  |                                 |                                |   |
| SIGNATURE TITLE Regulatory Coordinator DATE 3/27/17  |  |                                 |                                |   |
| GIGHATORE  | TITLE Regu                             | natory Coordinator_             | DATE                           | 3141111   |
| Type or print name <u>Jana Mendiol</u>   | a E-mail address: <u>jan</u>           | alyn_mendiola@ox                | y.com PHONE:                   | 432-685-5936  |
| For State Use Only   |  |                                 |                                |   |

APPROVED BY Conditions of Approval (if any):

DATE 4/3/17