

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

Amended Form C-103
 Revised August 1, 2011

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

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-40533
2. Name of Operator OXY USA INC		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator PO BOX 4294; HOUSTON, TX 77210		6. State Oil & Gas Lease No. B0-1969
4. Well Location Unit Letter <u>K</u> : 1907 feet from the <u>S</u> line and 1794 feet from the <u>W</u> line Section <u>22</u> Township <u>17S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		7. Lease Name or Unit Agreement Name Roo 22 State
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3617' GR		8. Well Number #11
9. OGRID Number 16696		10. Pool name or Wildcat ARTESIA ; GLORIETA-YESO (O) - 96830

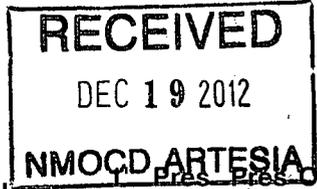
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: SPUD/CASING <input checked="" 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.

10/19/12-SPUD 12 1/4" SURFACE HOLE. DRILL TO 425'. RUN 9 5/8" SURFACE CASING. CEMENT WITH 400 SX, CIRCULATED 204 SX TO SURFACE. TOC=0'. 10/20/12-PRESSURE TEST SURFACE CASING TO 2300 PSI FOR 30 MIN - TEST GOOD. BEGAN 7 7/8" PRODUCTION HOLE. 10/26/12-TD WELL @ 4865'. RUN 5 1/2" PRODUCTION CASING TO 4865'. CEMENT WITH 1310 SX, CIRCULATED 386 SX TO SURFACE. TOC 0'. 10/26/12-RELEASED RIG.

10/19/2012 Spudded well.



Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	Dpth Held	Drop	Open Hole
10/20/12	Surf	FreshWater	12.25	9.625	36	J55	0	425	400	1.67	C	2300	0	N
10/26/12	Prod	Brine	7.875	5.5	17	L80	0	4865	1310	1.89	C	5000	0	N

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

SIGNATURE Jennifer Duarte TITLE REGULATORY ANALYST DATE 12/18/2012
 Type or print name JENNIFER DUARTE E-mail address: jennifer_duarte@oxy.com PHONE: 713-513-6640
For State Use Only
 APPROVED BY: [Signature] TITLE Dist. Supervisor DATE 12/19/12
 Conditions of Approval (if any):