

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 August 1, 2011

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

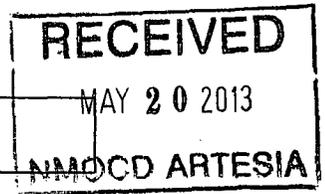
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-41291
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name Cedar Canyon 15
4. Well Location Unit Letter <u>E</u> : <u>2310</u> feet from the <u>north</u> line and <u>330</u> feet from the <u>west</u> line Section <u>15</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>Eddy</u>		8. Well Number <u>4H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>2926</u>		9. OGRID Number 16696
		10. Pool name or Wildcat Pierce Crossing Bone Springs, E.

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"/>			
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 14-3/4" hole 5/13/13, drill to 361'. RIH & set 11-3/4" 42# H-40 STC csg @ 357', cmt w/ 300sx (89bbl) PPC w/ additives 14.2ppg 1.67 yield, followed by 350sx (84bbl) PPC w/ additives 14.8ppg 1.35 yield, full returns, no cmt to surf. Contact NMOCD, WOC. RIH w/ 1", tag cmt @ 149', cmt w/ 92sx (22bbl) PPC w/ 2% CaCl2 14.8ppg 1.35 yield, lost returns, WOC. RIH w/ 1", tag cmt @ 149', cmt w/ 108sx (26bbl) PPC w/ 2% CaCl2 14.8ppg 1.35 yield, WOC. RIH & 1" & tag @ 85', cmt w/ 100sx (24bbl) PPC w/ 3% CaCl2 14.8ppg 1.35 yield, circ 20sx (5bbl) cmt to surf, WOC. Test BOP's @ 250# low 3500# high. 5/15/13, RIH & tag cmt @ 305', circ hole, pressure test csg to 1380# would not hold, lower pressure to 1000#, test for 30min, tested good.



Spud Date: 5/13/13

Rig Release Date:

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

SIGNATURE David Stewart TITLE Regulatory Advisor DATE 5/16/13

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

APPROVED BY: [Signature] TITLE Desert Supervisor DATE 5/24/13

Conditions of Approval (if any):

[Signature]