

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. 30-015-41886
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Devon B Fee
8. Well Number 3H
9. OGRID Number 157984
10. Pool name or Wildcat Hay Hollow Bone Springs, N.
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3042' GR

**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  
Occidental Permian Limited Partnership

3. Address of Operator  
P.O. Box 50250 Midland, TX 79710

4. Well Location  
Unit Letter M : 572 feet from the south line and 392 feet from the west line  
Section B Township 25S Range 28E NMPM County Eddy

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>			
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Spud 14-3/4" hole 4/15/14, drill to 494', 4/15/14. RIH & set 11-3/4" 47# J-55 BTC csg @ 494', pump 20BFW spacer w/ red dye, then cmt w/ 140sx (44bbl) PPC w/ additives 13.5ppg 1.76 yield followed by 250sx (60bbl) PPC w/ additives 14.8ppg 1.34 yield, had full returns, circ 111sx (35bbl) cmt to surface. 4/16/14, RU BOP, test @ 250# low 5000# high, test csg to 2150# for 30 min, tested good. RIH & tag cmt @ 442', drill new formation to 504', perform FIT test to 76psi, EMW=13.0ppg, passed.

4/18/14 drill 10-5/8" hole to 2600', 4/19/14. RIH & set 8-5/8" 32# J55 LTC csg @ 2600', cmt w/ 450sx (150bbl) Light PPC w/ additives 12.9ppg 1.87 yield followed by 240sx (57bbl) PPC w/ additives 14.8ppg 1.34 yield, had full returns, circ 10sx (3bbl) cmt to surface, WOC. Install rotating head, RIH & tag cmt @ 2528', test csg to 2750# for 30 min, tested good. Drill new formation to 2610', perform FIT test w/ to 605psi EMW=13.5ppg.

Spud Date:

4/15/14

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 Sr. Regulatory Advisor DATE 4/29/14

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

For State Use Only

APPROVED BY: David Stewart TITLE Sr. Regulatory Advisor DATE 5/12/14

Conditions of Approval (if any):