

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 & 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'

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 **JUL 28 2014**

2. Name of Operator
Occidental Permian Limited Partnership

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

4. Well Location
Unit Letter M : 572 feet from the South line and 392 feet from the West line
Section 8 Township 25S Range 25E NMPM County Eddy

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 type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>Completion</u> <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.

RU CTU 5/13/14, RIH & tag DVT @ 2706', drill out to 12370', RIH & run CBL, POOH. Attempt to pressure test csg to 6500#, pump @ 3.5 BPM couldn't get over 3300#, SI, pressure dropped to 1350# in 5min. RIH & set CIBP @ 12360', pressure test to 6500# for 30 min, tested good. RIH & perf @ 12320-12096, 11984-11760, 11648-11424, 11312-11088, 10976-10752, 10863-10649, 10542-10328, 10221-10007, 9900-9686, 9579-9365, 9258-9044, 8937-8723, 8616-8400' Total 390 holes. Frac in 13 stages w/ 114510g Treated Water + 39050g 15% HCl acid + 1329291g 15# BXL Gel + 752814g 15# BXL Linear Gel w/ 3561380# sand, RD Nabor. RIH & clean out well, tag up @ PBTD @ 13270', POOH, RIH with 2-7/8" tbg & pkr & set @ 6980'. Flow to clean up and test well for potential.

Spud Date: 4/15/14

Rig Release Date: 5/5/14

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

SIGNATURE  TITLE Sr. Regulatory Advisor DATE 7/18/14

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

For State Use Only

APPROVED BY:  TITLE Dist. Reg. Advisor DATE 8-19-14

Conditions of Approval (if any):