

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

NM OIL CONSERVATION
 State of New Mexico
 Energy, Minerals and Natural Resources
 JUN 20 2016
RECEIVED
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

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. 30-015-43673
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 27 State Com.
4. Well Location Unit Letter <u>D</u> : <u>1154</u> feet from the <u>NORTH</u> line and <u>121</u> feet from the <u>WEST</u> line Section <u>27</u> Township <u>24S</u> Range <u>29E</u> NMPM County <u>EDDY</u>		8. Well Number <u>10H</u> 9. OGRID Number <u>16696</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2919' GR		10. Pool name or Wildcat Pierce Crossing; Wolfcamp Oil

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"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

6/5/16 Skid rig from Cedar Canyon 27 Federal Com 5H to Cedar Canyon 27 State Com 10H, RU BOP, test @ 250# low 7000# high, good test. Test surface casing to 1900# for 30 min, good test. RIH & tag cmt @ 455', drill new formation to 520', perform FIT test to EMW=15.0ppg, 146psi, good test. 6/06/16 drill 9-7/8" hole to 9045', 6/10/16. RIH & set 7-5/8" 29.7# L-80 csg @ 9032', DVT @ 2988', ECP @ 3057', pump 40BFW spacer w/ red dye then cmt w/ 1390sx (782bbl) PPC w/ additives 10.2ppg 3.16 yield followed by 250sx (74bbl) PPC w/ additives 13.2ppg, 1.66 yield, circ 94sx (53bbl) cmt to surface. Pressure to 2200#, inflate ECP, drop cancellation plug, pressure to 2000# to cancel tool, WOC. Install packoff, test to 5000#. RIH & tag DVT, drill out DVT, test casing to 4200# for 30 min, good test. Drill new formation to 9055', perform FIT test EMW=13.5ppg, good test.

Spud Date: 5/28/16

Rig Release Date: _____

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

SIGNATURE [Signature] TITLE Regulatory Coordinator DATE 6/16/2016

Type or print name Janalyn Mendiola E-mail address: janalyn_mendiola@oxy.com PHONE: 432-685-5936

For State Use Only

APPROVED BY: [Signature] TITLE "Geologist" DATE 6-22-16

Conditions of Approval (if any): _____