

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.  
 30-015-43803

5. Indicate Type of Lease  
 STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
 Cedar Canyon 22-15 Fee

8. Well Number  
 32H

9. OGRID Number  
 16696

10. Pool name or Wildcat  
 Pierce Crossing Base Spring, E.

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 2926'

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  
 OXY USA Inc.

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

4. Well Location  
 Unit Letter C : 1103 feet from the North line and 1633 feet from the west line  
 Section 22 Township 24S Range 29E NMPM County Fddy

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 checked="" 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: <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.

NM OIL CONSERVATION  
 ARTESIA DISTRICT

AUG 12 2016

OXY USA Inc. respectfully requests approval for the following changes to the approved APD.

RECEIVED

1. Amend production casing program  
 Run 5-1/2" 20# P110 casing with the last ~150' having 4-1/2" 13.5# P110 casing

Hole Size	Casing Interval		Casing Size	Weight (lb/ft)	Grade	Conn.	SF Collapse	SF Burst	SF Tension
	From	To							
6.75"	0	15980	5.5"	20#	P110	Ultra SF	2.30	1.34	2.12
6.75"	15980	16130	4.5"	13.5#	P110	Ultra DQX	1.7	1.2	1.96

Spud Date:

[Empty Box]

Rig Release Date:

[Empty Box]

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 8/9/16

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

For State Use Only

APPROVED BY: Karen Sharp TITLE Bus Op Spec-Adv DATE 8/16/16  
 Conditions of Approval (if any):