

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88249  
 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  
 Environmental and Natural Resources  
**NM OIL CONSERVATION**  
 ARTESIA DISTRICT  
**OIL CONSERVATION DIVISION**  
 APR 19 2017  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**RECEIVED**

Form C-103  
 Revised July 18, 2013

<p style="text-align: center;"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b>          (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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator          OXY USA Inc.</p> <p>3. Address of Operator          P.O. Box 50250 Midland, TX 79710</p> <p>4. Well Location          Unit Letter <u>H</u> : <u>2310</u> feet from the <u>north</u> line and <u>990</u> feet from the <u>east</u> line          Section <u>19</u> Township <u>18S</u> Range <u>28E</u> NMPM County <u>Eddy</u></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)  <u>3589'</u></p>	<p>WELL API NO.  <u>30-015-01966</u></p> <p>5. Indicate Type of Lease          STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil &amp; Gas Lease No.  <u>E828</u></p> <p>7. Lease Name or Unit Agreement Name  <u>Gulf A</u></p> <p>8. Well Number <u>2</u></p> <p>9. OGRID Number  <u>16696</u></p> <p>10. Pool name or Wildcat  <u>Artesia QUGBSA</u></p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;"><b>NOTICE OF INTENTION TO:</b></p> <p>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"/></p>	<p style="text-align: center;"><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>          COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/>          CASING/CEMENT JOB <input type="checkbox"/>          OTHER: <input type="checkbox"/></p>
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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.

4/3/2017 RUPU, POOH w/ rods & pump.  
 4/4/2017 NU BOP & accumulator, POOH w/ tbg. RIH w/ gauge ring, stack out at 5'  
 4/5/2017 RIH 4-3/4 bit, tag up @ 162', POOH. RIH w/ tbg, work through tight spot @ 162', RIH to 2214', circ hole w/ FW. Contact Robert Berg-NMOCD, rec approval to spot cmt & tag instead of CIBP. M&P 25sx CL C cmt @ 2214', PUH, WOC.  
 4/6/2017 RIH & tag cmt @ 1950', circ hole w/ 10# MLF, PUH to 1555', M&P 25sx CL C cmt, PUH, WOC. RIH & tag cmt @ 1331'. Attempt to pressure test casing, no pressure or test, circ through surface casing. Contact Robert Berg-NMOCD approved perf @ 501', spot cmt across perms. RIH & perf @ 501', POOH. RIH to 617', M&P/sqz 30sx CL C cmt to approximately 321'. POOH, WOC.  
 4/7/2017 RIH & tag cmt @ 389', EIR @ 1.5bpm @ 100# through surface, M&P/sqz 40sx CL C cmt @ 389', PUH to 162'. M&P/sqz 30sx CL C cmt, circ cmt to surface. RD BOP & accumulator, RDPU.

Spud Date:  Rig Release Date:

Approved for plugging of well bore only.  
 Liability under bond is retained pending receipt  
 of Form C-103 (Subsequent Report of Well Plugging)  
 which may be found at OCD Web Page under  
 Forms, www.cmr.state.nm.us/oecd.

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 4/11/17

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

For State Use Only  
 APPROVED BY: Robert J Byrd TITLE COMPLIANCE OFFICER DATE 4/14/2017  
 Conditions of Approval (if any):