

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

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. 30-015-42683
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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA Inc.		6. State Oil & Gas Lease No. VA-0836-0001
3. Address of Operator P.O. Box 50250, Midland, Texas 79710		7. Lease Name or Unit Agreement Name Cedar Canyon 16 State
4. Well Location Unit Letter <u>M</u> : <u>900</u> feet from the <u>RECEIVED</u> line and <u>860</u> feet from the <u>WEST</u> line Section <u>15</u> Township <u>24S</u> Range <u>29E</u> NMPM <u>EDDY</u> County		8. Well Number 12H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2926.4 GR		9. OGRID Number 16696
10. Pool name or Wildcat Pierce Crossing; Bone Spring, East		10. Pool name or Wildcat Pierce Crossing; Bone Spring, East

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 type="checkbox"/> OTHER: Replace packer and tubing <input checked="" 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.

2/20/18 ND WH, NU BOP, unseat pkr and POOH w/ pkr, 272 tbg joints, and 9 gas lift valves. RIH w/ tbg, bit, and scraper to 8672', POOHw/ tbg, bit, and scraper. RIH w/ 265 jts tbg and set pkr @ 8600', loaded csg w/ 100 BBLs, tested pkr to 500 psi for 10 minutes, POOH w/ tbg. RIH w/ 264 jts 2-3/8" L80 tbg, 9 gas lift valves and DH gauge, latch into pkr. NB BOP, tested wellhead flange to 10K psi, NU tree to flange. Set BPV in WH, removed casing valve, NU new casing valve and removed BPV. Pressure tested wellhead to 5K psi, pressure tested tbg to 1000 psi, pressure tested csg to 500 psi and held for 45 min. RU slickline, RIH, to 8612', pressure tbg to 300 psi, ruptured dual disk, well went on vacuum. RD slickline. (2/27/18).

3/6/18 Conducted MIT test, Mr. Richard Inge from the NMOCD was present to witness. Pressured casing to 360 psi and held for 30 minutes, good test. Mr. Inge took the chart with him. Anticipated first date of injection is 4/1/2018. (Injection authority pursuant to Order R-14322). Once injection begins a subsequent sundry will follow detailing injection volume and pressure.

Spud Date: 2/20/18 Rig Release Date: 3/6/18

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

SIGNATURE Sarah Mitchell TITLE Regulatory Specialist DATE 3/15/2018

Type or print name Sarah Mitchell E-mail address: sarah_mitchell@oxy.com PHONE: 432-699-4318
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____