

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 87400  
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

HOBBS OCD

MAR 13 2014

RECEIVED

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-33324                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>E.C. Hill A                                                 |
| 8. Well Number<br>6                                                                                 |
| 9. OGRID Number<br>16696                                                                            |
| 10. Pool name or Wildcat<br>Teague Paddock Blinberry                                                |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3265'                                         |

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                        |
| 2. Name of Operator<br>OXY USA Inc.                                                                                                                                                                                   |
| 3. Address of Operator<br>P.O. Box 50250 Midland, TX 79710                                                                                                                                                            |
| 4. Well Location<br>Unit Letter <u>0</u> : <u>330</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>East</u> line<br>Section <u>27</u> Township <u>23S</u> Range <u>37E</u> NMPM County <u>Lea</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3265'                                                                                                                                                           |

12. Check Appropriate Nature of Notice, Report or Other Data  
Approved for Plugging of well bore only.  
Liability under bond is retained pending receipt of  
C-103 (Specifically for Subsequent Report of Well  
Plugging) which may be found at OCD web page  
under forms  
www.emnrd.state.nm.us/oed

SUBSEQUENT REPORT OF:

|                                                  |                                             |
|--------------------------------------------------|---------------------------------------------|
| 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"/>                  |                                             |

1. 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.

3/4/2014 MIRU, POOH w/ rods & pump, NDWH, NU BOP, POOH w/ tbg. RIH w/ WL & set CIBP @ 5077'  
3/5/2014 RIH w/ tbg & tag CIBP @ 5077'.  
3/6/2014 Circ hole w/ 10# MLF, M&P 35sx CL C cmt, PUH, WOC. RIH & tag cmt @ 4725'. PUH to 3811', M&P 40sx CL C cmt, PUH, WOC.  
3/7/2014 RIH & tag cmt @ 3433', PUH to 2803', M&P 45sx CL C cmt, PUH, WOC.  
3/10/2014 RIH & tag cmt @ 2362', PUH to 1165', M&P 40sx CL C cmt w/ 2% CaCl2, PUH, WOC. RIH & tag cmt @ 876', POOH. RIH & perf @ 250', test perfs to 600# w/ no loss or rate. RIH to 300', M&P 45sx CL C cmt, circ to surface. POOH, ND BOP, top off csg, RDPU.

Spud Date:

Rig Release Date:

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 3/11/14

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

For State Use Only

APPROVED BY: Bill Semanek TITLE Staff Manager DATE 3-14-14  
Conditions of Approval (if any):

MAR 17 2014

PM  
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