

Submit 1 Copy To Appropriate District
 Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88346
 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
HOBBS OCD
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

MAY 14 2014
RECEIVED

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. 30-025-05680 ✓
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 WTP Limited Partnership ✓		6. State Oil & Gas Lease No. A1469
3. Address of Operator P.O. Box 50250 Midland, TX 79710		7. Lease Name or Unit Agreement Name East Eumont Unit ✓
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>south</u> line and <u>660</u> feet from the <u>west</u> line Section <u>22</u> Township <u>19S</u> Range <u>37E</u> NMPM County <u>Lea</u> ✓		8. Well Number 56
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3647'		9. OGRID Number 192463 ✓
10. Pool name or Wildcat Eumont Yates 7R Qn		

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 checked="" type="checkbox"/> CASING/CEMENT JOB <input 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.

5/7/2014 MIRU, NDWH, NU BOP, RIH w/ tbg.
 5/8/2014 RIH & tag CIBO @ 3748', Circ hole w/ 10# MLF, M&P 25sx CLC cmt, Calc TOC 3501'. PUH to 2794', M&P 25sx CL C cmt w/ 2% CaCl2, PUH, WOC. RIH & tag cmt @ 2555', POOH. RIH & set pkr @ 1161', RIH & perf @ 1550', EIR @ 1BPM @ 1000#, M&P 45sx CL C cmt, WOC.
 5/9/2014 RIH & tag cmt @ 1301', POOH. RIH & perf @ 317', EIR @ 2BPM w/ full returns. ND BOP, NY adapter, M&P 120sx CL C cmt, circ to surface. 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 5/12/14

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

For State Use Only
 APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 5/14/2014
 Conditions of Approval (if any):
MAY 14 2014