

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural
Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011
Permit 156296

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-40196
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator OXY USA WTP LIMITED PARTNERSHIP		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 4294, Houston, TX 77210		7. Lease Name or Unit Agreement Name SMOKEY BITS STATE COM
4. Well Location Unit Letter <u>E</u> : <u>1575</u> feet from the <u>N</u> line and <u>75</u> feet from the <u>W</u> line Section <u>36</u> Township <u>18S</u> Range <u>30E</u> NMPM <u>Eddy</u> County		8. Well Number 002H
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3428 GR		9. OGRID Number 192463
Pit or Below-grade Tank Application ☐ or Closure ☐ Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		10. Pool name or Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
 CASING/CEMENT JOB ☐
 Other: **Drilling/Cement** ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
Please see attached description of work. 7/24/2012 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
07/25/12	Surf	FreshWater	17.5	13.375	48	H40	0	494	680	1.75	PREMIUM PL		1200		N
08/05/12	Int1	Brine	12.25	9.625	40	J55		3610	2400	1.88	H		2750		N
08/24/12	Prod	Brine	8.75	5.5	17	L80	100	13073	2520	2.51	H				N

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed _____ TITLE _____ DATE 10/15/2012
Type or print name KAREN M SINARD E-mail address karen_sinard@oxy.com Telephone No. 713-366-5485

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 10/15/2012 2:31:36 PM