| Submit I Copy To Approp  |  | State of New Mexico                    |                                    |                         | Form C-103                          |                                  |           |  |
|--|--|--|------------------------------------|-------------------------|-------------------------------------|----------------------------------|-----------|--|
| District I - (575) 393-616   |  | Energy, Minerals and Natural Resources |                                    |                         | Revised August 1, 2011 WELL API NO. |                                  |           |  |
| 1625 N French Dr , Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283              |  | ar concern                             | CONCEDIA TION DUMGION              |                         |                                     | 30-015-33030                     |           |  |
| 811 S First St , Artesia, N  | (WI 00210                                    |  | ISERVATION DIVISION                |                         |                                     | Гуре of Lease                    |           |  |
| <u>District III</u> – (505) 334-61<br>1000 Rio Brazos Rd , Azte                        |  | 1220 South                             |                                    |                         | STAT                                | TE 🛛 FEE                         |           |  |
| <u>District IV</u> – (505) 476-3460 Sa<br>1220 S St Francis Dr , Santa Fe, NM<br>87505 |  |  | , NM 87                            | 505                     | 6. State Oil<br>V-992               | & Gas Lease No.                  |           |  |
| SU   | JNDRY NOTICES AN                             |  |                                    |                         | 7. Lease Na                         | me or Unit Agreer                | nent.Name |  |
| (DO NOT USE THIS FOR<br>DIFFERENT RESERVOI<br>PROPOSALS)                               | RM FOR PROPOSALS TO<br>IR USE "APPLICATION F | DRILL OR TO DEEP<br>FOR PERMIT" (FOR   | A REPO                             | REPVED                  | Indian Basin                        |                                  | ·         |  |
| 1. Type of Well: Oi  |  | ll Other                               | DEC                                | A = 2011                | 8. Well Nur                         |                                  |           |  |
| 2. Name of Operator  |  |  | DLC                                | V 3 ZUII                | 9. OGRID N                          | Number                           |           |  |
| OXY USA WTP Lin  |  |  | NMOCI                              | ARTESIA                 | 192463                              | ne or Wildcat                    |           |  |
| 3. Address of Operator PO BOX 4294 Ho  |  | <u> </u>                               | 1111001                            | MITLOIA                 |                                     | ne or wildcat<br>Upper Penn Asso | ciated    |  |
| 4. Well Location   | uston, Texas 77210                           |  |                                    |                         | maian Dasin                         | - Opper I cilli 71330            |           |  |
| Unit Letter  | A : 968'                                     | feet from the                          | North                              | line and 121            | 8' feet                             | from the East                    | line      |  |
| Section Section  | 32   | Township                               | 21S                                |                         | _ <del></del>                       | MPM County                       |           |  |
|  |  |  |                                    | RKB, RT, GR, etc.)      |                                     |                                  | Sudy      |  |
|  | 4213'  |  |                                    |                         |                                     | . ev                             |           |  |
|  |  |  |                                    |                         |                                     |                                  |           |  |
| 1  | 12. Check Approp                             | riate Box to Inc                       | dicate Na                          | ature of Notice, I      | Report or O                         | ther Data                        |           |  |
| NOT  | ICE OF INTENT                                | ION TO:                                | 1                                  | SHR                     | SECLIENT                            | REPORT OF                        |           |  |
| PERFORM REMEDIA  |  | AND ABANDON                            |                                    | REMEDIAL WORK           |                                     | ☐ ALTERING                       |           |  |
| TEMPORARILY ABA  |  | IGE PLANS                              | ☐ COMMENCE DRILLING OPNS.☐ P AND A |                         |                                     |                                  |           |  |
| PULL OR ALTER CA   | SING   MULT                                  | IPLE COMPL                             |                                    | CASING/CEMENT           | JOB i                               |                                  | _         |  |
| DOWNHOLE COMM  | INGLE  |  |                                    |                         |                                     |                                  |           |  |
| OTHER: Return to   | Production                                   |  | $\boxtimes$                        | OTHER: Return           | n to Production                     | •                                | ×         |  |
|  | posed or completed op-                       | erations. (Clearly                     |                                    |                         |                                     |                                  |           |  |
|  | y proposed work). SE                         |  |                                    |                         |                                     |                                  |           |  |
|  | npletion or recompletion                     |  |                                    | •                       | •                                   | 9                                |           |  |
| OCD - ' l - l  |  | 1 - 4 - 22 7 - 4                       | 1                                  | 1                       | . 4                                 | . A11 . 1                        | 211.1     |  |
| OCD gives verbal perr<br>reported to the OCD th  |  |  | ier current                        | lease agreements a      | nd requiremen                       | its. All production              | will be   |  |
| reported to the OCD ti   | nough monthly mining                         | 3 01 C-1133.                           |                                    |                         |                                     |                                  |           |  |
|  |  |  |                                    | , <del>-</del>          |                                     |                                  |           |  |
|  |  |  |                                    |                         |                                     |                                  |           |  |
|  |  |  |                                    |                         |                                     |                                  |           |  |
|  | - 1  |  |                                    |                         |                                     |                                  |           |  |
| S.   | RDocle 12/06/2                               | DO11 .                                 |                                    |                         |                                     |                                  |           |  |
| ŠUI  | BJECT TO LIKE                                |  |                                    |                         |                                     |                                  |           |  |
| API  | PROVAL BY BLN                                | 1                                      |                                    |                         |                                     |                                  |           |  |
| •  |  |  |                                    |                         |                                     |                                  |           |  |
| 3/20/2   | 004  |  |                                    |                         |                                     |                                  |           |  |
| Spud Date: 3/20/2  |  | Rig R                                  | telease Da                         | te:                     |                                     | }                                |           |  |
| •  |  |  |                                    |                         |                                     | <del></del>                      |           |  |
| I hereby certify that th   | a information above is                       | true and complete                      | a ta tha ha                        | et of my knowledge      | and baliaf                          |                                  | <u></u>   |  |
| Thereby certify that th  | e information above is                       | true and complete                      | e to the be                        | st of my knowledge      | and bener.                          |                                  |           |  |
|  |  |  |                                    |                         |                                     |                                  |           |  |
| SIGNATURE  |  | TITL                                   | .EOpera                            | tions Team Lead         |                                     | _DATE_ <u>12/05/20</u>           | 11        |  |
| Type or print name   | Van Barton                                   | F_ma                                   | ail address                        | : <u>Van Barton@O</u>   | xv com                              | PHONE: <u>575-</u>               | 628-4111  |  |
| For State Use Only   | <u></u>                                      | <i>L</i> mc                            | uuun css                           | · _ · · · · · · · · · · |                                     | 1110111D <u>975</u> -            | <u> </u>  |  |
|  | ROINNO                                       |  | 1),0                               | TRSM                    | MILLE                               | . ما م                           | /20.11    |  |
| APPROVED BY:   | Michilia                                     | TITL                                   | E_ <i>U</i> り                      | 1 Del                   | W! XV. C                            | _DATE_12/06                      | <u> </u>  |  |
| Conditions of Approva  | SUDJ   | ECT TO LIKI                            | E                                  | ,                       |                                     |                                  | ,         |  |
|  | APPR   | OVAL BY BL                             | M                                  |                         |                                     |                                  | -         |  |

Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

FORM APPROVED

OMB No 1004-0137 Expires July 31, 2010

| BUREAU O   | 5. Lease Serial No.                                    |                              |                         |                   |                            |  |  |
|--|--|------------------------------|-------------------------|-------------------|----------------------------|--|--|
| SUNDRY NOTICE  Do not use this form for abandoned well. Use Fo   | 6 If Indian, Allottee or Tribe Name                    |                              |                         |                   |                            |  |  |
| SUBMIT IN TRIF   | 7 If Unit of CA/Agreement, Name and/or No.             |                              |                         |                   |                            |  |  |
| 1 Type of Well Gas Well  | Other  |                              |                         | ,                 | 8. Well Name and No.       | CTATE #007   |  |
| 2 Name of Operator OXY USA WTP LIMITED PARTNERSHIP   | INDIAN BASIN 32 STATE #007                             |                              |                         |                   |                            |  |  |
| 3a. Address  | 30-015-33030<br>10. Field and Pool or Exploratory Area |                              |                         |                   |                            |  |  |
| PO BOX 4294 HOUSTON, TX 77210  | WILDCAT/YESO   |                              |                         |                   |                            |  |  |
| 4. Location of Well (Footage, Sec., T.,R.,M., or SA-32-21S-24E 968 FNL 1218 FEL  | 11 Country or Parish, State<br>EDDY, NEW MEXICO        |                              |                         |                   |                            |  |  |
| 12. CHECK THE A  | PPROPRIATE BOX   | (ES) TO INDIC                | ATE NATUR               | E OF NOTIC        | CE, REPORT OR OTH          | ER DATA  |  |
| TYPE OF SUBMISSION   |  |                              | TY                      | PE OF ACT         | TON                        |  |  |
| Notice of Intent   | cidize   | Deepen                       |                         | ·                 | action (Start/Resume)      | Water Shut-Off   |  |
|  | Iter Casing<br>asing Repair                            | Fracture                     | Treat                   | =                 | amation                    | Well Integrity   |  |
| ✓ Subsequent Report  | Casing Repair  Change Plans                            |                              | d Abandon               | _                 | mplete<br>porarily Abandon | Other  |  |
|  | onvert to Injection                                    | Plug Ba                      |                         |                   | r Disposal                 |  |  |
| PURSUANT TO OUR CONVERSTION ON 1 BASIN 32-7 IN ACCORDANCE WITH CURF TO CURRENT APPROVED METHODS, ALI  Aftroved As per Conver   | RENTLY APPROVE<br>PRODUCED FLU                         | ED COMMINGI<br>JIDS PRIOR TO | LING AGREE<br>D COMMING | MENT. OX<br>LING. | Y FURTHER AGREE            | RECEIVED  DEC 05 2011  MOCD ARTESIA  PLO 12/6/2011  pted for record  NMOCD |  |
| 14. I hereby certify that the foregoing is true and co<br>VAN BARTON   |  | Title OPERATIONS TEAM LEAD   |                         |                   |                            |  |  |
| Signature  |  | Date 12/02/2011              |                         |                   |                            |  |  |
|  | THIS SPACE F   | OR FEDER                     | RAL OR ST               | TATE OF           | FICE USE                   |  |  |
| Conditions of approval, if any, are attached Approvided that the applicant holds legal or equitable title to the entitle the applicant to conduct operations thereon.  Title 18 U.S.C Section 1001 and Title 43 U.S.C. Sefectitious or fraudulent statements or representation | se rights in the subject                               | crime for any per            | tify Office             | CFO and willfully |                            | Date 12/5/11 ent or agency of the United States any false                  |  |