

<b>District I</b> 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 <b>District II</b> 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 <b>District III</b> 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 <b>District IV</b> 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b> <b>Oil Conservation Division</b> <b>1220 S. St Francis Dr.</b> <b>Santa Fe, NM 87505</b>	Form C-103 August 1, 2011 Permit 341789 WELL API NUMBER 30-025-51342 5. Indicate Type of Lease State 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name AVOGATO 30 31 STATE COM		
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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		8. Well Number 072Y		
2. Name of Operator OXY USA INC		9. OGRID Number 16696		
3. Address of Operator P.O. Box 4294, Houston, TX 772104294		10. Pool name or Wildcat		
4. Well Location Unit Letter <u>C</u> : <u>420</u> feet from the <u>N</u> line and feet <u>2230</u> from the <u>W</u> line Section <u>30</u> Township <u>22S</u> Range <u>33E</u> NMPM _____ County <u>Lea</u>				
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3698 GR				
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 _____				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width:100%; border: none;"> <tr> <td style="width:50%; border-right: 1px solid black;">                     NOTICE OF INTENTION TO:                      PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>                      TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/>                      PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/>                      Other: _____                 </td> <td style="width:50%;">                     SUBSEQUENT REPORT OF:                      REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/>                      COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>                      CASING/CEMENT JOB <input type="checkbox"/>                      Other: <b>Spud</b> <input checked="" type="checkbox"/> </td> </tr> </table>			NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <b>Spud</b> <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 5/26/2023 Spudded well.				
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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> .				
SIGNATURE	<u>Electronically Signed</u>	TITLE	DATE	
Type or print name	<u>KELLEY MONTGOMERY</u>	E-mail address	<u>Manager Regulatory</u> <u>kelley_montgomery@oxy.com</u>	
<b>For State Use Only:</b>		DATE	<u>6/9/2023</u>	
APPROVED BY:	<u>Sarah K McGrath</u>	TITLE	Telephone No. <u>713-366-5716</u>	
		<u>Petroleum Specialist - A</u>	DATE <u>5/30/2024</u>	