

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 87410
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

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

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|--|
| WELL API NO. 30-015-40948 |
| 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. FEDERAL |
| 7. Lease Name or Unit Agreement Name ARTESIA YESO FEDERAL UNIT |
| 8. Well Number 3 |
| 9. OGRID Number 192463 |
| 10. Pool name or Wildcat ARTESIA; GLORIETA-YESO (96830) |

| | |
|---|--|
| 4. Well Location Unit Letter <u>E</u> : <u>1673'</u> feet from the <u>NORTH</u> line and <u>990'</u> feet from the <u>WEST</u> line Section <u>21</u> Township <u>17S</u> Range <u>28E</u> NMPM EDDY County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3633' GL | |

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 ☒ Gas Well ☐ Other

2. Name of Operator

OXY USA WTP LP

3. Address of Operator

PO BOX 4294; HOUSTON, TX 77210

4. Well Location

Unit Letter E: 1673' feet from the NORTH line and 990' feet from the WEST line

Section 21

Township 17S

Range 28E

NMPM

EDDY

County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3633' GL

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 PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

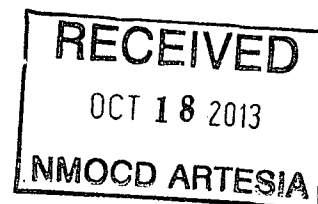
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: First Gas Sales ☒

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.

First Gas Sales: 08/01/2013

Meter number 728835-00



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 Jennifer Duarte TITLE REGULATORY SPECIALIST DATE 10-17-2013

Type or print name JENNIFER DUARTE E-mail address: jennifer_duarte@oxy.com PHONE: 713-513-6640

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Reg. Supervisor DATE 10/22/2013

Conditions of Approval (if any):