Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-015-40937 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE 🖂 FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM E0-4200 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A Tigger 9 State DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 8. Well Number #6 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number OXY USA WTP LIMITED PARTNERSHIP 192463 3. Address of Operator 10. Pool name or Wildcat PO BOX 4294; HOUSTON, TX 77210 EMPIRE; GLORIETA-YESO, EAST - 96610 4. Well Location __:_1920'_____feet from the __SOUTH __line and _2445' Unit Letter K feet from the WEST Section Township 17S Range 29E **NMPM** County EDDY 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3578' 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL WORK ALTERING CASING □ CHANGE PLANS TEMPORARILY ABANDON COMMENCE DRILLING OPNS.□ P AND A PULL OR ALTER CASING MULTIPLE COMPL \Box CASING/CEMENT JOB П DOWNHOLE COMMINGLE \Box OTHER: 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: 07/15/2013 Meter number 727024-00 RECEIVE OCT 17 2013 NMOCD ARTESIA Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. _TITLE_REGULATORY SPECIALIST____ DATE _10-16-2013___ SIGNATURE Type or print name _JENNIFER DUARTE E-mail address: jennifer duarte@oxy.com PHONE: 713-513-6640

APPROVED BY: Conditions of Approval (if any):

For State Use Only

TITLE DIST ASSIPCUISO DATE 10/17/43