Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Revised July 18, 2013 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 30-015-40854 **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 **FEDERAL** 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH GOVERNMENT AB FEDERAL 8. Well Number 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator 9. OGRID Number OXY USA WTP LP 192463 3. Address of Operator 10. Pool name or Wildcat PO BOX 4294; HOUSTON, TX 77210 ARTESIA; GLORIETA-YESO (96830) 4. Well Location Unit Letter_F_:_1980'____feet from the NORTH_____ line and _660'___feet from the __WEST_ line Township 20S Range 28E **NMPM EDDY** County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3293' GL 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 □ TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS.□ P AND A PULL OR ALTER CASING MULTIPLE COMPL \Box CASING/CEMENT JOB 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: 07/13/2013 www.emnrd.state.nm.us Meter number 77336 Current forms are available on our website and should be used when filing regulatory documents. OCT 18 2013 MOCD 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. SIGNATURE 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

TITLE DISTASPEUSOT

Conditions of Approval (if any):

APPROVED BY: