| Submit I Copy To Appropriate District   | State of New Mexico                    |                       | Form C-103   |
|---|--|-----------------------|--|
| Office<br><u>District I</u> – (575) 393-6161  | Energy, Minerals and Natural Resources |                       | Revised July 18, 2013                                  |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283  |  |                       | WELL API NO.<br>30-015-37993                           |
| 811 S. First St., Artesia, NM 88210   | OIL CONSERVATION                       |                       | 5. Indicate Type of Lease                              |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410  | 1220 South St. Francis Dr.             |                       | STATE STATE FEE  |
| <u>District IV</u> – (505) 476-3460   | Santa Fe, NM 8                         | 37505                 | 6. State Oil & Gas Lease No.                           |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505  |  |                       |  |
| 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 |  |                       | 7. Lease Name or Unit Agreement Name<br>TIGGER 9 STATE |
| PROPOSALS.)<br>  1. Type of Well: Oil Well   ⊠ Gas Well   □ Other   |  |                       | 8. Well Number 5                                       |
| Name of Operator     OXY USA WTP LP   |  |                       | 9. OGRID Number<br>192463                              |
| 3. Address of Operator  |  |                       | 10. Pool name or Wildcat                               |
| PO BOX 4294 HOUSTON, TEXA   | S 77210                                |                       | EMPIRE; GORIETA-YESO, EAST                             |
| 4. Well Location  |  |                       |  |
| Unit Letter_O; _330 feet from the SOUTH line and _2273feet from theEASTline   |  |                       |  |
| Section 9 Township 17S Range 29E NMPM EDDY County   |  |                       |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3572   |  |                       |  |
| 3372  |  |                       |  |
| 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 WOR   |  |                       |  |
|   |  | RILLING OPNS. P AND A |  |
| PULL OR ALTER CASING  | MULTIPLE COMPL                         | CASING/CEMEN          | NT JOB 🔲   |
| DOWNHOLE COMMINGLE  |  |                       |  |
| CLOSED-LOOP SYSTEM  OTHER:  | П                                      | OTHER: FIR            | ST GAS SALES   |
| 13. Describe proposed or comp   |  | pertinent details, ar | nd 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.                                     |  |                       |  |
|   | •                                      |                       |  |
|   |  |                       |  |
|   |  |                       |  |
|   |  |                       |  |
| TIGGER 9 STATE #5 - FIRST GAS SALE DATE OF 12/27/12   |  |                       |  |
|   |  |                       | RECEIVED   |
| ,<br>,  |  |                       |  |
|   |  |                       | APR <b>0 8</b> 2014                                    |
| Spud Date:  | Rig Release D                          | Date:                 | NMOCD ARTESIA  |
|   |  | ` <u> </u>            |  |
|   | <del></del>                            |                       |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |  |                       |  |
| ( Lineau Shahlar)   |  |                       |  |
| SIGNATURE WILL ASULTA TITLE REGULATORY TECHDATE04/07/14   |  |                       |  |
| Type or print name Jessica A. Shelton E-mail address: <u>Jessica_shelton@oxy.com</u> PHONE: 713-840-3011  |  |                       |  |
| For State Use Only  |  |                       |  |
| APPROVED BY: DATE 18/19   |  |                       |  |
| Conditions of Approval (if any):  |  | <i>v</i> -            |  |