

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

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.)		WELL API NO. 30-015-40148
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator OXY USA WTP LP		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 4294 HOUSTON, TEXAS 77210		7. Lease Name or Unit Agreement Name SMOKEY BITS STATE COM
4. Well Location Unit Letter <u>D</u> ; <u>405</u> feet from the NORTH line and <u>330</u> feet from the <u>WEST</u> line Section <u>36</u> Township <u>18S</u> Range <u>30E</u> NMPM <u>EDDY</u> County		8. Well Number 6H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3440.2		9. OGRID Number 192463
		10. Pool name or Wildcat BENSON BONE SPRING

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

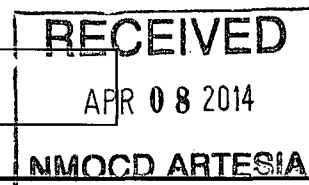
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: FIRST GAS SALES ☒

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.

SMOKEY BITS STATE COM #6H - FIRST GAS SALE DATE OF 11/19/12

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 Jessica A. Shelton TITLE REGULATORY TECH DATE 04/07/14

Type or print name Jessica A. Shelton E-mail address: Jessica_shelton@oxy.com PHONE: 713-840-3011

For State Use Only

APPROVED BY: [Signature] TITLE Dist. Engineer DATE 4/9/14

Conditions of Approval (if any):