| Submit 1 Copy To Appropriate District Office   | State of New Me                                    | State of New Mexico       |  | Form C-103                            |  |
|--|--|---------------------------|--|---------------------------------------|--|
| <u>District I</u> - (575) 393-6161   | Energy, Minerals and Natural Resources             |                           | Revised August 1, 2011 WELL API NO.  |                                       |  |
| 1625 N French Dr , Hobbs, NM 88240  District II – (575) 748-1283  811 S. First St , Artesia, NM 88210  District III – (505) 334-6178  1220 South St. Francis Dr  |  | 3002522388                |  |                                       |  |
| 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION  |  | 5. Indicate Type of Lease |  |                                       |  |
| 1000 Rio Brazos Rd , Aztec, NM 87410 JUL 1 3 2012 G. A. D. NM 87505  |  | STATE S FEE               |  |                                       |  |
| District IV - (505) 476-3460<br>1220 S St Francis Dr , Santa Fe, NM  |  |                           | 6. State Oil & Gas Lease No.<br>K-4105   |                                       |  |
| 87505 SUNDRY NOTICE  | SAMPREPORTS ON WELLS                               |                           | 7. Lease Name or Uni   | t 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   |  |                           | State L  |                                       |  |
| PROPOSALS)  1. Type of Well: Oil Well  Gas Well  Other   |  |                           | 8. Well Number #2  |                                       |  |
| 2. Name of Operator Oxy Pormian USA Ina:   |  |                           | 9. OGRID Number  |                                       |  |
| 3. Address of Operator   |  |                           | 10. Pool name or Wildcat   |                                       |  |
| 1502 W. Commerce Dr Carlsbad, NM 88220   |  |                           | Veda Penn  |                                       |  |
| 4. Well Location   |  |                           |  |                                       |  |
| Unit Letter_C:_  | 660feet from theN                                  | orth line and             | l1980fe  | et from the                           |  |
| Westline   | dia 100 Danas 2                                    | 217 NIM4DN                | A Country  | Las                                   |  |
|  | ship 10S Range 3<br>11. Elevation (Show whether DR | 3E NMPN                   |  | Lea                                   |  |
| the state of the s | 4263 GL  |                           |  | · · · · · · · · · · · · · · · · · · · |  |
|  |  |                           |  |                                       |  |
| 12. Check Ap   | propriate Box to Indicate N                        | lature of Notice,         | Report or Other Dat  | a                                     |  |
| NOTICE OF INT  | ENTION TO:   | SUB                       | SEQUENT REPOR  | RT OF:                                |  |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORL   |  |                           | <del></del>  | ERING CASING                          |  |
|  | CHANGE PLANS   MULTIPLE COMPL                      | COMMENCE DRI              | <del></del>  | ND A                                  |  |
| DOWNHOLE COMMINGLE   | VIOLTIFLE COMPL                                    | CASING/CEMEN              | 1 30B  |                                       |  |
|  |  |                           | of the second se | _                                     |  |
| OTHER:  13. Describe proposed or complet   | ad aparations (Clearly state all                   | OTHER:                    | d give pertinent dates in  | cluding estimated date                |  |
|  | ). SEE RULE 19.15.7.14 NMAC                        |                           |  |                                       |  |
| proposed completion or recom   |  | •                         | •  | C                                     |  |
|  |  |                           |  |                                       |  |
|  |  |                           | 1  |                                       |  |
| Oxy would like to start the reclamation  |  |                           |  |                                       |  |
| reclamation process. The person that is  |  |                           | uggestions and he would  | like to leave the road                |  |
| because it leads to other parts of the property, but to rip and reseed the old location.   |  |                           |  |                                       |  |
|  |  |                           |  |                                       |  |
|  |  |                           |  |                                       |  |
|  |  |                           |  |                                       |  |
|  |  |                           |  |                                       |  |
|  | <del></del>  |                           |  |                                       |  |
| Spud Date:   | Rig Release Da                                     | ate:                      |  |                                       |  |
| <u> </u>   |  |                           |  |                                       |  |
|  |  |                           |  |                                       |  |
| I hereby certify that the information about  | ove is true and complete to the bo                 | est of my knowledg        | e and belief.  |                                       |  |
|  |  |                           |  |                                       |  |
| SIGNATURE  | TITLE  | HES Specialist            | DATE   | 6-29-12                               |  |
| Type or print name Chris Jones   | E-mail address: Christoph                          | ner Iones@ovy.com         | n PHONE: 575-62  | 8-4100                                |  |
|  | Record Only  |                           |  | 0 4100                                |  |
|  | - '  |                           |  |                                       |  |
| APPROVED BY: Conditions of Approval (if any):  | TITLE  |                           | DATE   |                                       |  |
| F.F  |  |                           |  | ~ 2012                                |  |