| Submit I Copy to Appropriate District Office State of New Mex  | kico Form C-103  |
|--|--|
| Office <u>District I</u> – (575) 393-6161  HOBBS Officergy, Minerals and Natur   | al Resources Revised August 1, 2011                    |
| 1625 N. French Dr., Hobbs, NM 88240  | WELL API NO.   |
| District II - (575) 748-1283 811 S. First St., Anesia, NM 8824UN 18 20 GIL CONSERVATION  | DIVISION 30-025-05868                                  |
| District III - (505) 334-6178 1220 South St. Fran  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410   | STATE VI TEE   |
| District IV - (505) 476-3460 Santa Fe, INIVI 87. 1220 S. St. Francis Dr., Santa Fe, INIVI 87.  | 0. 5.4.6 0 6 5.6.5 1.0.                                |
| 87505  | 82330  |
| 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 PLU   | G BACK TO A  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)   |  |
| 1. Type of Well: Oil Well Gas Well Other Injection   | 8. Well Number 112                                     |
| 2. Name of Operator  | 9. OGRID Number 192463                                 |
| OXY USA WTP Limited Partnership  | 7. CORED Frances 192 (CS                               |
| 3. Address of Operator   | 10. Pool name or Wildcat                               |
| P.O. Box 50250 Midland, TX 79710   | Eumont Tates TRan                                      |
| 4. Well Location   | Euroni lates lie and                                   |
|  |  |
|  |  |
| Section 2 Township 205 Ran   |  |
| 11. Elevation (Show whether DR,  | RKB, RT, GR, etc.)                                     |
| 3601   |  |
|  |  |
| 12. Check Appropriate Box to Indicate Na   | iture of Notice, Report or Other Data                  |
| AIOTICE OF INTENTION TO  | CURCEOUENT REPORT OF                                   |
| NOTICE OF INTENTION TO:  | SUBSEQUENT REPORT OF:                                  |
| PERFORM REMEDIAL WORK   PLUG AND ABANDON   | REMEDIAL WORK ALTERING CASING                          |
| TEMPORARILY ABANDON  | COMMENCE DRILLING OPNS. P AND A                        |
| PULL OR ALTER CASING   | CASING/CEMENT JOB                                      |
| DOWNHOLE COMMINGLE   |  |
| OTUED.   | OTHER: MIT TA  |
| OTHER:   |  |
| 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.   | . For Multiple Completions: Attach wellbore diagram of |
| proposed completion of recompletion.   |  |
|  | _  |
|  | CIBP -   |
| TD-37100 PBTD-3725 Perfs-3800-   | 3060 Pkr- 3125   |
|  |  |
| <ol> <li>Notified NMOCD of casing integrity test 24hrs i</li> </ol>  | n advance.   |
|  |  |
| 2. RU pump truck <u>ちんは</u> , circulate well with ti   | reated water pressure test casing to 530 #             |
|  |  |
| for 30 min. This Ap  | oproval of Temporary 2016                              |
| Abando   | onment Expires 2-6-014                                 |
|  | · · · · · · · · · · · · · · · · · · ·                  |
|  |  |
| Could Date:  |  |
| Spud Date: Rig Release Da  | ie:  |
| , , , , , , , , , , , , , , , , , , ,  |  |
|  |  |
| I hereby certify that the information above is true and complete to the be   | st of my knowledge and belief.                         |
|  |  |
| CYCONIA CRIVED (1).  | · · · · · · · · · · · · · · · · · · ·                  |
| SIGNATURE TITLE RA   | egulatory Advisor DATE 6 (8(3                          |
| Type or print name David Stewart E-mail address.   | THE PERSON AND COMMENT                                 |
|  | : david_stewart@oxy.com PHONE: 432-685-5717            |
| For State Use Only   | . / _  |
| APPROVED BY COMPANY TITLE D  | ict Mes number 242012                                  |
| Conditions of Approval (if any)  | DAIROZT  |
| Conditions of approvagen anyly   |  |

