| Submit One Copy To Appropriate District  | State of New Me                       |                              |   | E C 102                             |
|--|---------------------------------------|------------------------------|---|-------------------------------------|
| Office   | Energy Minerals and Natural Descurace |                              |   | Form C-103 Revised November 3, 2011 |
| District I<br>1625 N. French Dr., Hobbs, NM 88240  | <u></u>                               |                              | WELL API NO.                            |                                     |
| <u>District II</u><br>811 S. First St., Artesia, NM 88210  |                                       |                              | 30-025-05567  5. Indicate Type of Lease |                                     |
| <u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410  | III 1220 South St. Francis Dr.        |                              | STATE STEE                              |                                     |
| District IV Santa Fe, NM 8/303   |                                       | 6. State Oil & Gas Lease No. |   |                                     |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>87505   |                                       | 305129                       |   |                                     |
| SUNDRY NOTICES AND REPORTS ON WELLS  |                                       |                              |   | me 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  |                                       | NM STATE                     |   |                                     |
| PROPOSALS.)  |                                       | 8. Well Number 002           |   |                                     |
| 1. Type of Well: ⊠Oil Well ☐ Gas  2. Name of Operator  | s Well Other HOBBS                    | עטע                          | 9. OGRID N                              | Number.                             |
| OXY USA, WITP Inc.   | 141 2 0                               | 2019                         |   | 14694                               |
| 3. Address of Operator   | JAN 201                               |                              |   | ne or Wildcat                       |
| 1017 W Stanolind Rd, Hobbs, NM 88  | RECEI                                 | VED                          | YATES/SEV                               | /EN RIVERS/QUEEN                    |
| 4. Well Location F 1685  Unit Letter E 1865 feet from the NORTH line and 338 feet from the WEST line   |                                       |                              |   |                                     |
| Section 6 Township 19 S Range 12 NMPM County LEA   |                                       |                              |   |                                     |
|  | I. Elevation (Show whether DR,        |                              |   | 27                                  |
|  | 989 RKB                               |                              |   |                                     |
| 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 ARANDON ALTERING CASING   |                                       |                              |   |                                     |
| TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐  |                                       |                              |   | ☐ PANDA ☒ 🛌                         |
| FOLL ON ALTER CASING   WI  | OLTIFLE COMPL                         | CASING/CEMENT                | JOB                                     | <u></u>                             |
| OTHER:     Location is ready for OCD inspection after P&A  |                                       |                              |   |                                     |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.  Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.  A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the   |                                       |                              |   |                                     |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the   |                                       |                              |   |                                     |
|  |                                       |                              |   |                                     |
| <u>OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR</u>   |                                       |                              |   |                                     |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE.   |                                       |                              |   |                                     |
| M. The leastion has been leveled as marriy as possible to original ground contain and has been cleared of all junk track flow lines and  |                                       |                              |   |                                     |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.   |                                       |                              |   |                                     |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.  |                                       |                              |   |                                     |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed  |                                       |                              |   |                                     |
| from lease and well location.  |                                       |                              |   |                                     |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have   |                                       |                              |   |                                     |
| to be removed.)  All other environmental concerns have been addressed as per OCD rules.  |                                       |                              |   |                                     |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-   |                                       |                              |   |                                     |
| retrieved flow lines and pipelines.  If this is a one-well lease or last remaining well on lease: all electrical service poles and lines have been removed from lease and well   |                                       |                              |   |                                     |
| location, except for utility's distribution infrastructure.  |                                       |                              |   |                                     |
|  |                                       |                              |   |                                     |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection.   |                                       |                              |   |                                     |
| CYCNATIVE STATE OF THE STATE OF |                                       |                              |   |                                     |
| SIGNATURE  |                                       |                              |   |                                     |
| TYPE OR PRINT NAME ROLAND BYRON WESTER E-MAIL: Roland Wester@oxy.com PHONE: 575-631-7017   |                                       |                              |   |                                     |
| APPROVED BY: Kerry Forther TITLE Compliance Officer A DATE 2-20-19   |                                       |                              |   |                                     |
| APPROVED BY: Kerry Forth   | • TITLE (                             | moliance                     | Officer                                 | A DATE 2-20-19                      |
|  |                                       | 7                            | W                                       |                                     |