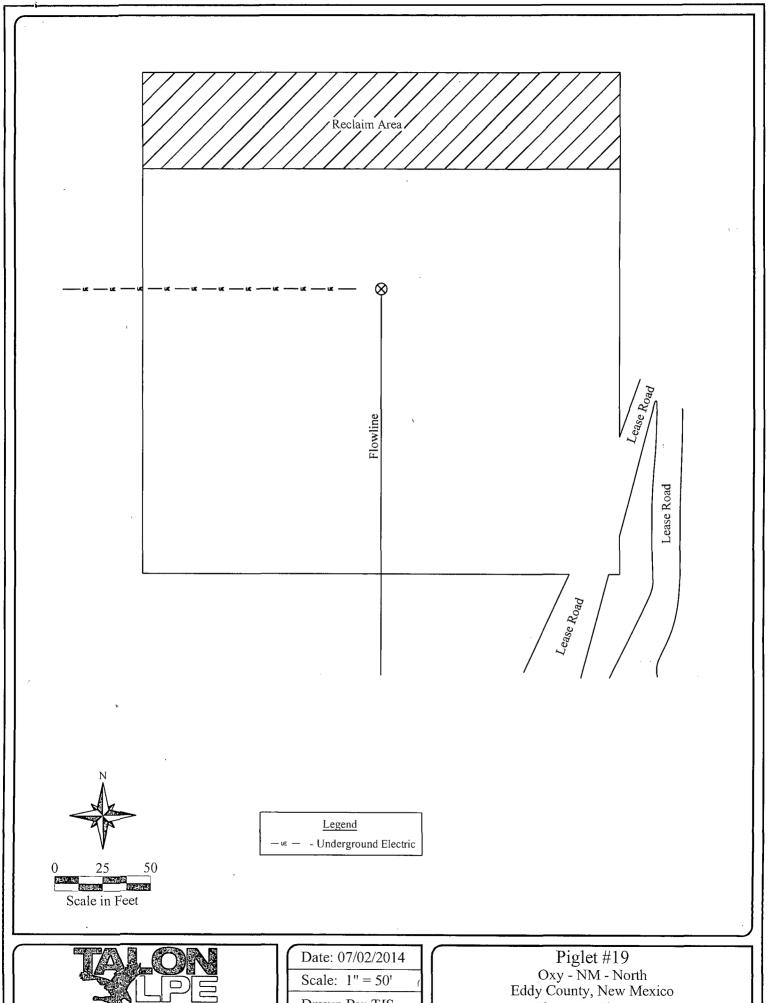
Submit 1 Copy To Appropriate District Office		of New Me			Form C-103
<u>District 1</u> – (575) 393-6161	Energy, Minera	ls and Natu	ral Resources	WELL API NO.	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283					5-40434
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION				5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			STATE 🛛	FEE 🗌
District IV - (505) 476-3460	ct IV – (505) 476-3460 Santa Fe, NW 8/303			6. State Oil & Gas I	Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOT	ICES AND REPORTS			7. Lease Name or U	Init 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				Piglet 21 State	
PROPOSALS.)			8. Well Number: 19	9	
1. Type of Well: Oil Well Gas Well Other					
2. Name of Operator				9. OGRID Number: 192463	
OXY USA WTP LIMITED PARTNERSHIP				10. Pool Name:	
3. Address of Operator 1502 W. Commerce, Carlsbad, NM 88220			Glorieta-Yeso		
4. Well Location				Gioriem 1630	
Unit Letter I :	2090' feet from th	e SOUT	H line and I	190' feet from the	ne <u>EAST</u> line
Section 21	Township 17S	Range 28		-	nty EDDY
Section 21	11. Elevation (Show				
	i ii. Biotation (show	365			
12. Check	Appropriate Box to	Indicate N	ature of Notice,	Report or Other D	ata
			1	-	
				SEQUENT REPO	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR					LTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII					AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE			CASING/CEMEN	I JOB	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM					
OTHER:			OTHER: Downs	size Location	\boxtimes
13. Describe proposed or comp					
of starting any proposed w		5.7.14 NMA(C. For Multiple Cor	npletions: Attach wel	lbore diagram of
proposed completion or re-	completion.				
				NM OIL	CONSERVATION
The location was downsized per attached site map.				ART	ESIA DISTRICT
				.	L 1 6 2014
				30	L 1 0 2014
				_	
				R	ECEIVED
					7
Spud Date:	Ri	g Release Da	ite:		
					.
I hereby certify that the information	above is true and comp	plete to the be	est of my knowledge	e and belief.	
SIGNATURE Chris Jon	nge T	ITIE HES	Specialist	DATE7/16/2	014
SIGNITURE CITIES SOF	1.631	1100 <u>1100</u>	Specianse	DRIE <u> 110/2</u>	<u> </u>
Type or print nameCHRIS JO					
	<u>NES</u> E-ma	ail address: C	Christopher_Jones	@oxy.com PHONI	E: 575-628-4121
Par State Has O-1:	<u>DNES</u> E-m	ail address: (Christopher_Jones	@oxy.com PHONI	E: 575-628-4121
For State Use Only	DNES E-m	ail address: (Christopher_Jones		
APPROVED BY:	0	ail address: (TLE ∕(SF (Christopher_Jones		3: 575-628-4121





Drawn By: TJS

Figure 1 - Site Plan