Submit 1 Copy To Appropriate District Office	State of New Me		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			30-015-40074			
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	Santa Fe, NM 87505		6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505			E0-4200			
	CES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name			
(DO NOT USE THIS FORM FOR PROPOS DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)			Tigger 9 State			
1. Type of Well: Oil Well	8. Well Number #3					
2. Name of Operator	9. OGRID Number					
OXY USA WTP LIMITED PARTN	JERSHIP		192463			
3. Address of Operator			10. Pool name or Wildcat GJ;7RVS-QN-GB-GLORIETA-YESO (97558)			
PO BOX 4294; HOUSTON, TX 77			GJ;/RVS-QN-OB-OLORIETA-TESO (97556)			
4. Well Location						
	_1729'feet from theSOUTI					
Section 9	Township 17S Range	29E	NMPM County EDDY			
	11. Elevation (Show whether DR 356		.)			
12. Check A	ppropriate Box to Indicate N	lature of Notice,	, Report or Other Data			
NOTICE OF IN	TENTION TO	SUE	SEQUENT REPORT OF:			
PERFORM REMEDIAL WORK		REMEDIAL WOR	_			
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR				
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB 🗌			
DOWNHOLE COMMINGLE						
OTHER:		OTHER: TU	BING DETAILS			
	eted operations. (Clearly state all		ad give pertinent dates, including estimated date			
	rk). SEE RULE 19.15.7.14 NMA		ompletions: Attach wellbore diagram of			
The tubing details for the Tigg	ar 0 State #2 are as follows:					
Tubing is J-55, 2.875", 6.5# an		/7/2013				
		~				
		1	RECE			
/ "ECEIVENT						
MARIO						
MAR 1 9 2013 MMOCD ARTESIA						
LIMMOCD ARTES						
			ITTESIA			

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

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SIGNATURE	alta		JLATORY ANALYST	DATE_(03-18-2013	
Type or print name _JENNIFER For State Use Only	DUARTE	E-mail address:	_jennifer_duarte@oxy.cor	m PHONE:	_713-513-6640	
APPROVED BY: Conditions of Approval (if any):	tde	_TITLE /SZ	Texperior	DATE_	3/07/13	- 2