Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-40721 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 STATE
District IV (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. BO-1969
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPL	ICES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name PIGLET 21 STATE
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🔲 Other	8. Well Number #15
2. Name of Operator OXY USA WTP LP	······································	9. OGRID Number 192463
3. Address of Operator		10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX 7	77210	ARTESIA ; GLORIETA-YESO (O) - 96830
4. Well Location		
	_:_1710_feet from theS line and _1536	
Section 21	Township17SRange28E2311. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County EDDY
	3624 '	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF II PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR CHANGE PLANS COMMENCE DR MULTIPLE COMPL CASING/CEMEN	
OTHER:	OTHER: GA	S CONNECT DATE
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.		
PIGLET 21 STATE #15 – FIRST GAS SALES DATE: 03/29/2013		
	UL	CEIVED L 1 9 2013 D ARTESIA
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE		
Type or print name_JENNIFE	UARTE E-mail address: _jennifer_duarte@o	oxy.com PHONE: _713-513-6640
For State Use Only	de TITLE DIST P. SIDENII	50 DATE Auly 19, 2013

Conditions of Approval (if any):