int St							
	Submit 1 Copy To Appropriate District	State o	f New Me	exico		Form C-103	
	Office District I – (575) 393-6161	Energy, Minerals and Natural Resources				Revised July 18, 2013	
	1625 N. French Dr., Hobbs, NM 88240				WELL API N		
	<u>District II</u> - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION			5 Indicate T	30-015-40861 5. Indicate Type of Lease	
	District III - (505) 334-6178	1220 South St. Francis Dr.			S. Indicate 1 STAT	$E \boxtimes FEE \square$	
	1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505				& Gas Lease No.	
	1220 S. St. Francis Dr., Santa Fe, NM 87505					,	
ſ	SUNDRY NOT	7. Lease Nar	ne or Unit Agreement Name				
		O NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A IFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH				Piglet 21 State	
	PROPOSALS.)	- ·		JK SOCH	8. Well Num	iber: 24	
	1. Type of Well: Oil Well	ype of Well: Oil Well Gas Well Other				9. OGRID Number: 192463	
Ì	2. Name of Operator	SA WTP LIMITED PARTNERSHIP			9. UGKID N	9. OGRID Number: 192463	
ł	Address of Operator				10. Pool Nar	ne:	
Í	1502 W. Co	1502 W. Commerce, Carlsbad, NM 88220				Yeso	
ĺ	4. Well Location						
	Unit Letter P :						
ļ	Section 21	Township 17S	Range 28		NMPM	County EDDY	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3632' 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
		ITENTION TO: PLUG AND ABANDO		REMEDIAL V			
		CHANGE PLANS			DRILLING OPNS.[
	PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CE			
					_	_	
	CLOSED-LOOP SYSTEM		_				
-	OTHER: 13 Describe proposed or com	leted operations (Clear	lv state all		ownsize Location	t dates, including estimated date	
	of starting any proposed w proposed completion or re	ork). SEE RULE 19.15.					
A18.							
	The location was downsized per atta	ached site map.			141	MOIL CONSERVATION ARTESIA DISTRICT	
						JUL 16 2014	
						RECEIVED	
	Spud Date:	Rig	Release D	ate:			
				L			
-	hereby certify that the information	above is true and compl	ata ta tha h	ost of my know	ladge and balief		
	hereby certify that the information	above is true and compl	ete to me o	est of my know	heuge and bener.	•	
	SIGNATURE Chris Jones TITLE HES Specialist DATE 7/16/2014						
	Type or print name <u>CHRIS JONES</u> E-mail address: Christopher_Jones@oxy.com PHONE: 575-628-4121						
j	For State Use Only	0					
	KIIVa	NO	Λ.	FRIM	ewist	7-17-14	
	APPROVED BY:		LE UC		1311	_DATE	
	Conditions of Approval (if any):						

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