

Submit within 45 days of well completion

**State of New Mexico
Energy, Minerals and
Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505**

1. WELL API NO.
30-015-394992. Well Name:
PIGLET 21 STATE #0043. Well Number:
004**HYDRAULIC FRACTURING FLUID DISCLOSURE** Original Amendment4. Surface Hole Location:
Unit:M Lot:M Section:21 Township:17S Range:28E
Feet from:873 N/S Line:S
Feet from:1164 E/W Line:W5. Bottom Hole Location:
Unit:M Lot:M Section:21 Township:17S Range:28E
Feet from:873 N/S Line:S
Feet from:1164 E/W Line:W6. Latitude: longitude:
32.8148323383077 -
104.1854592741377. County:
Eddy8. Operator Name and Address:
OXY USA WTP LIMITED PARTNERSHIP
PO Box 4294
Houston 772109. OGRID:
19246310. Phone Number:
713-366-5485

11. Last Fracture Date: 1/25/2012 Frac Performed by: Superior Well Services

12. Production Type:
O13. Pool Code(s):
9683014. Gross Fractured Interval:
3,610 ft to 4,668 ft15. True Vertical Depth (TVD):
4,985 ft16. Total Volume of Fluid Pumped:
17,267 bbls**17. HYDRAULIC FLUID COMPOSITION AND CONCENTRATION:**

| Trade Name | Supplier | Purpose | Ingredients | (CAS #) Chemical Abstract Service # | Maximum Ingredient Concentration in Additive (% by mass) | Maximum Ingredient Concentration in HF Fluid (% by mass) |
|------------------------|------------------------|-----------|-------------|-------------------------------------|--|--|
| HCL Acid (12.5%-18.0%) | Superior Well Services | Bulk Acid | | | 0% | 0% |

18. I, as Operator, hereby certify that the information shown on this disclosure form is true and complete to the best of my knowledge and belief.

Signature: Signed Electronically Printed Name: KAREN M SINARD Title: _____
Date: 7/5/2012
E-mail Address: karen_sinard@oxy.com

NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.