Submit 1 Copy To Appropriate District Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources Energy, Minerals and Natural Resources Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			WELL API NO. 30-015-40861 5. Indicate Type of STATE	FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No. BO-1969	
SUNDRY NOTICES AND REPORTS ON WELLS (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			7. Lease Name or Unit Agreement Name PIGLET 21 STATE	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. Well Number #2	24
2. Name of Operator OXY USA WTP LP			9. OGRID Number 192463	
3. Address of Operator PO BOX 4294; HOUSTON, TX 77210			^10. Pool name or Wildcat ARTESIA; GLORIETA-YESO (O) - 96830	
4. Well Location Unit LetterP:_732_feet from theS line and _335 feet from theE line				
Section 21	Township 17S Ran 11. Elevation (Show whether L			County EDDY
	TONE .	3632') ::	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	CHANGE PLANS	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	ILLING OPNS. P	ORT OF: LTERING CASING ☐ AND A ☐
OTHER:		OTHER: Firs	t Gas Sales	⊠ .
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.				
First Gas Sales: 08/05/2013 Meter number 727917-00				
			REC	EIVED
(1 -	17 2013
	•		1	i i
		,	NMOCI	ARTESIA
Spud Date:	Rig Release	Date:	<u></u>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE TITLE_REGULATORY SPECIALIST DATE_10-16-2013				
Type or print name _JENNIFER DUARTE E-mail address: _jennifer_duarte@oxy.com PHONE: _713-513-6640 For State Use Only				
APPROVED BY: Conditions of Approval (if any):	Were TITLE D	ST. A Super	DATE_	בוספ/בי/טו