Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resource	res Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-40940
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	N 50-013-40940 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 STEE
District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		·
	S AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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 PROPOSALS.)		8. Well Number
·	Well Other	9
2. Name of Operator		9. OGRID Number
OXY USA WTP LP		192463
3. Address of Operator PO BOX 4294 HOUSTON, TEXAS 77210		10. Pool name or Wildcat
	7210	RED LAKE, GLORIETA-YESO NE
4. Well Location	I GOLIENA II I COO II I	The office of
	n the SOUTH line and _620feet from the	_
Section 9 Township		EDDY County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3565'		
3,	303	
12 Charle Ann	ropriate Box to Indicate Nature of N	otica Papart or Other Data
12. Check App	Topriate box to indicate Nature of N	otice, Report of Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
		<b>▶</b>
TEMPORARILY ABANDON		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM   OTHER:	OTHER:	FIRST GAS SALES
		ails, and give pertinent dates, including estimated date
		ple Completions: Attach wellbore diagram of
proposed completion or recomp	pletion.	
	•	
		1
TIGER 9 STATE #9 – FIRST GAS SALE DATE OF 04/09/2014		
		Fig. 100 CD proc   1 / proc   7
·		RECEIVED
		MAY <b>0.6</b> 2014
<u></u>		MAI U ZOIT
Spud Data	Pia Palanca Data	NMOCD ARTESIA
Spud Date:	Rig Release Date:	MAINTON ALLES
		<u> </u>
Lhereby certify that the information abo	ve is true and complete to the best of my kn	owledge and belief.
Thereby certify that the information abo	ve is true and complete to the best of my kin	owiedge and benef.
SIGNATURE DATE 05/05/14_		
Type or print name Jessica A. Shelton E-mail address: <u>Jessica shelton@oxy.com</u> PHONE: 713-840-3011		
For Stafe Use Only		
APPROVED BY: 1000 TITLE 157 HOGDWISO DATE 5-6-14		
Conditions of Approval (if any):		
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