

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

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

Form C-103  
August 1, 2011

Permit 158535

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NUMBER 30-015-40072
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator OXY USA WTP LIMITED PARTNERSHIP		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 4294, Houston, TX 77210		7. Lease Name or Unit Agreement Name TIGGER 9 STATE
4. Well Location Unit Letter <u>K</u> : <u>2287</u> feet from the <u>S</u> line and <u>1957</u> feet from the <u>W</u> line Section <u>9</u> Township <u>17S</u> Range <u>29E</u> NMPM <u>Eddy</u> County		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3581 GR		9. OGRID Number 192463
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		10. Pool name or Wildcat

**12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data**

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> Other: _____	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> Other: <b>Drilling/Cement</b> <input checked="" type="checkbox"/>
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  
10/01/12 - SPUD WELL. DRILLED 14 3/4" SURFACE HOLE TO 463'. 10/02/12 - RUN 11 3/4" SURFACE CASING TO 463'.  
CEMENTED WITH 600 SX PREMIUM PLUS CLASS C 1.67 YIELD, CIRCULATED 350 SX TO SURFACE; TOC @ 0'.  
10/03/12 - PRESSURE TESTED SURFACE CASING @ 1500 PSI FOR 30 MINUTES - TEST GOOD. BEGAN DRILLING 10 5/8"  
INTERMEDIATE HOLE. 10/05/12 - NO LOSS OF CIRCULATION - BEGAN DRILLING 7 7/8" PRODUCTION HOLE. 10/09/12  
- TD 7 7/8" PRODUCTION HOLE @ 5254'. 10/10/12 - RUN TRIPLE COMBO LOGS, RUN 5 1/2" PRODUCTION CASING TO  
TD. CEMENTED WITH 1800 SX OF PREMIUM PLUS 1.89 YIELD, CIRCULATED 573' SX TO SURFACE, TOC 10/1/2012  
Spudded well.

**Casing and Cement Program**

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
10/02/12	Surf	Fresh Water	14.75	11.75	42	H40	0	463	600	1.67	C		1500	0	
10/10/12	Prod	Brine	7.875	5.5	17	L80	0	5254	1800	1.89	PREMIUM PL				

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Electronically Signed TITLE DATE 11/27/2012  
Type or print name KAREN M SINARD E-mail address karen\_sinard@oxy.com Telephone No. 713-366-5485

For State Use Only:  
APPROVED BY: Randy Dade TITLE District Supervisor DATE 11/27/2012 10:39:01 AM