

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 162967

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 PROPOSALS.)		WELL API NUMBER 30-015-40432
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 PIGLET 21 STATE
4. Well Location Unit Letter <u>L</u> : <u>2100</u> feet from the <u>S</u> line and <u>885</u> feet from the <u>W</u> line Section <u>21</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County		8. Well Number 014
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3634 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	
NOTICE OF INTENTION TO: 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: _____	SUBSEQUENT REPORT OF: 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: <u>Drilling/Cement</u> <input checked="" type="checkbox"/>

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.
12-7-12: SPUD WELL AND DRILLED 12.25" SURFACE HOLE TO 407'. RAN 9.625" CASING TO 407'. CEMENT WITH 300 SX 1.34YEILD CLASS C WITH 70 SX TO SURFACE.
12-8-12: PRESSURE TESTED CASING TO 2200PSI FOR 30 MIN. TEST GOOD. BEGAN DRILLING 7.875" PRODUCTION HOLE.
12-11-12: TD PRODUCTION HOLE AT 4787'. RAN 5.5" PRODUCTION CASING TO 4773.5'. CEMENTED WITH 1000 SX 1.89 YEILD PREMIUM PLUS. CIRCULATED 327 SX TO SURFACE. RELEASED RIG.
12/7/2012 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
12/07/12	Surf	FreshWater	12.25	9.625	36	J55	0	407	300	1.34	C		2200	0	N
12/11/12	Prod	Brine	7.875	5.5	17	L80	0	4774	1000	1.89	PREMIUM PL				N

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 2/25/2013
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 2/26/2013 11:01:21 AM