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 Resourc	es Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-015-39498
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STEE
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		BO-1969
SUNDRY NOT (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPL	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION 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
2. Name of Operator		9. OGRID Number
OXY USA WTP LP		192463
3. Address of Operator		10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX 7	7210	ARTESIA ; GLORIETA-YESO (O) - 96830
4. Well Location		
Unit LetterO	_:_915feet from theS line and _22	
Section 21	Township 17S Range 28E	NMPM County EDDY
96.7	11. Elevation (Show whether DR, RKB, RT, G	rk, etc.)
	3020	
12 Check	Appropriate Box to Indicate Nature of No	otice Report or Other Data
		•
	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON DULL OR ALTER CASING		CE DRILLING OPNS. P AND A DEFINITION OF THE PROPERTY OF THE PR
DOWNHOLE COMMINGLE	MOETIFEE COMPE	EMENT JOB
OTHER:	OTHER:	GAS CONNECT DATE
		ails, and give pertinent dates, including estimated date
proposed completion or re	ork). SEE RULE 19.15.7.14 NMAC. For Multipopulation	pie Completions: Attach wellbore diagram of
proposed completion of re	completion.	
	PIGLET 21 STATE #2 – FIRST GAS SALE D	ATE 09/22/2012
	PIOLET 21 STATE #2 - FIRST GAS SALE D	PATE 08/22/2012
		RECEIVED
		1111 10 2012
		JUL <b>1 9</b> 2013
		NMOCD ARTESIA
	D. D. I. D.	
Spud Date:	Rig Release Date:	· .
I hereby certify that the information	above is true and complete to the best of my kno	owledge and belief
	\ \ \	wiedge and benefit
da and a		
SIGNATURE (1) MONTH (1)	TITLE_REGULATORY S	PECIALIST DATE _07/18/2013
Type or printname _JENNIFER DI	UARTE F-mail address: jannifor du	arte@oxy.com PHONE: _713-513-6640
For State Use Only	L-man addressjemmer_dd	are woxy.com 111014E/15-315-0040
- A/)`	Vide 1. 25	1/10/2
APPROVED BY:	TITLE / STAL OG	perison DATE July 19, 2013
Conditions of Approval (if any).	•	· · · · · · · · · · · · · · · · · · ·