Submit 1 Copy To Appropriate District Office	State of New Me			Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	ıral Resources	THE A DIVIO	Revised July 18, 2013
625 N. French Dr., Hobbs, NM 88240 vistrict II - (575) 748-1283		WELL API NO. 30-015-40722		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 8'	7505	6. State Oil & O	Gas Lease No.
87505 SUNDRY NOTIC	ES 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			Piglet 21 State	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Well Numbe	
1. Type of Well: Oil Well Gas Well Other				,
2. Name of Operator			9. OGRID Nun	nber: 192463
OXY USA WTP LIMITED PARTNERSHIP			·	
3. Address of Operator			10. Pool Name:	
1502 W. Commerce, Carlsbad, NM 88220			Glorieta-Yeso	
4. Well Location				
Unit Letter N: 10	40' feet from the SOUT	<u>H</u> line and <u>1</u>	611'feet fro	m the <u>WEST</u> line
	Township 17S Range 28			County EDDY
	11. Elevation (Show whether DR)	
	361	2'		
12. Check Ap	propriate Box to Indicate N	lature of Notice,	Report or Othe	er Data
NOTICE OF INT	ENTION TO	SUB	SEQUENT RI	EDORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ALTERING CASING
			ILLING OPNS.	P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			T JOB	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM				_
OTHER: 13. Describe proposed or complete	tad aparations (Clearly state all	OTHER: Down		stop in cluding action at all date
	c). SEE RULE 19.15.7.14 NMAG			
The location was downsized per attach	Niv	OIL CONSERVATION ARTESIA DISTRICT		
				JUL 1 6 2014
				RECEIVED
			100. 37444. 1	
Spud Date:	Rig Release Da	ate:		
· ·				
I hereby certify that the information ab	ove is true and complete to the be	est of my knowledg	ge and belief.	
SIGNATURE Chris Jones	TITLE UFC	Charielist	DATE 7/	17/2014
	TITLE HES		DATE <u>7/</u>	
Type or print nameCHRIS JONE	E-mail address: (Christopher_Jones	(a)oxy.com PH	ONE: 575-628-4121
For State Use Only	1			
APPROVED BY: 1000 Conditions of Approval (if any):	Q TITLE O'S	- Hepersi	/ S D	ATE 7-17-15
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