

**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 162463

|                                                                                                                                                                                                                                                                                                                                         |  |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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<br>30-015-40721                         |
| 1. Type of Well: O                                                                                                                                                                                                                                                                                                                      |  | 5. Indicate Type of Lease<br>S                          |
| 2. Name of Operator<br>OXY USA WTP LIMITED PARTNERSHIP                                                                                                                                                                                                                                                                                  |  | 6. State Oil & Gas Lease No.                            |
| 3. Address of Operator<br>PO Box 4294, Houston, TX 77210                                                                                                                                                                                                                                                                                |  | 7. Lease Name or Unit Agreement Name<br>PIGLET 21 STATE |
| 4. Well Location<br>Unit Letter <u>K</u> : <u>1710</u> feet from the <u>S</u> line and <u>1536</u> feet from the <u>W</u> line<br>Section <u>21</u> Township <u>17S</u> Range <u>28E</u> NMPM <u>Eddy</u> County                                                                                                                        |  | 8. Well Number<br>015                                   |
| 11. Elevation (Show whether DR, KB, BT, GR, etc.)<br>3624 GR                                                                                                                                                                                                                                                                            |  | 9. OGRID Number<br>192463                               |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ |  | 10. Pool name or Wildcat                                |

|                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data</b>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                               |
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE OF PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>Other: _____ | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTER CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>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.  
12/12/12 - SPUD 12 1/4" SURFACE HOLE. DRILL TO 419'. RUN 9 5/8" SURFACE CASING. CEMENT WITH 300 SX, CIRCULATED 139 SX TO SURFACE. TOC=0'. 12/13/12 - PRESSURE TEST SURFACE CASING TO 2200 PSI FOR 30 MIN - TEST GOOD. 12/14/12 - BEGAN 7 7/8" PRODUCTION HOLE. 12/16/12 - TD WELL @ 4871'. RUN 5 1/2" PRODUCTION CASING TO 4867'. CEMENT WITH 1000 SX, CIRCULATED 282 SX TO SURFACE. TOC 0'. 12/17/12 - RELEASED RIG. 12/12/2012 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 |
|----------|--------|------------|-----------|----------|--------------|-------|---------|----------|-------|-------|-------|---------|-----------|-----------|-----------|
| 12/13/12 | Surf   | FreshWater | 12.25     | 9.625    | 36           | J55   | 0       | 419      | 300   |       |       |         | 2200      | 0         | N         |
| 12/17/12 | Prod   | Brine      | 7.875     | 5.5      | 17           | L80   | 0       | 4867     | 1000  |       |       |         | 5000      | 0         | 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 2/14/2013  
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 2/15/2013 12:22:27 PM