Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised August 1, 2011

WELL API NO. 30-015-40937	
5. Indicate Type of Lease STATE ☒ FEE ☐	
6. State Oil & Gas Lease No. E0-4200	
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.)	7. Lease Name or Unit Agreement Name Tigger 9 State
1. Type of Well: Oil Well ☒ Gas Well ☐ Other	8. Well Number #6
2. Name of Operator OXY USA WTP LIMITED PARTNERSHIP	9. OGRID Number 192463
3. Address of Operator PO BOX 4294; HOUSTON, TX 77210	10. Pool name or Wildcat EMPIRE; GLORIETA-YESO, EAST - 96610
4. Well Location Unit Letter K : 1920' feet from the SOUTH line and 2445' feet from the WEST line Section 9 Township 17S Range 29E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3578'	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	P AND A ☐
PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐	
DOWNHOLE COMMINGLE ☐			
OTHER: ☐		OTHER: Additional Information ☒	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TUBING DETAILS:
DATE RAN: 05/09/2013
SIZE: 2.875"
DEPTH SET: 5050'

RECEIVED
JUL 12 2013
NMOCD ARTESIA

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE _____ TITLE REGULATORY SPECIALIST DATE 07-12-2013

Type or print name JENNIFER DUARTE E-mail address: jennifer_duarte@oxy.com PHONE: 713-513-6640

For State Use Only

APPROVED BY: _____ TITLE Dist. Supervisor DATE July 16, 2013

Conditions of Approval (if any):