

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

Form C-103
Revised August 1, 2011

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

WELL API NO. 30-015-40937
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E0-4200
7. Lease Name or Unit Agreement Name Tigger 9 State
8. Well Number #6
9. OGRID Number 192463
10. Pool name or Wildcat EMPIRE, GLORIETA, YESO, EAST - 96610

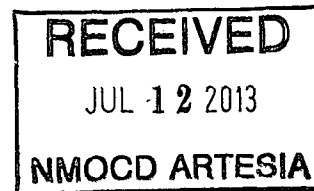
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐	
2. Name of Operator OXY USA WTP LIMITED PARTNERSHIP	
3. Address of Operator PO BOX 4294, HOUSTON, TX 77210	
4. Well Location Unit Letter <u>K</u> <u>1920'</u> feet from the <u>SOUTH</u> line and <u>2445'</u> feet from the <u>WEST</u> line Section <u>9</u> Township <u>17S</u> Range <u>29E</u> NMPM County <u>EDDY</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3578'</u>	

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: <u>Additional Information</u> ☒	

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'



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

SIGNATURE: Jennifer Duarte 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: DRDade TITLE: Dr. P. S. Pewest DATE: July 16, 2013
Conditions of Approval (if any):