

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

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.)		WELL API NO. 30-015-39371
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator OXY USA WTP LP		6. State Oil & Gas Lease No. BO-1969
3. Address of Operator PO BOX 4294; HOUSTON, TX 77210		7. Lease Name or Unit Agreement Name PIGLET 21 STATE
4. Well Location Unit Letter <u>I</u> : 1627 feet from the <u>S</u> line and 345 feet from the <u>E</u> line Section 21 Township 17S Range 28E NMPM County EDDY		8. Well Number #1
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3653'		9. OGRID Number 192463
		10. Pool name or Wildcat ARTESIA ; GLORIETA-YESO (O) - 96830

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: GAS CONNECT DATE ☒

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.

PIGLET 21 STATE #1 - FIRST GAS SALE DATE 08/22/2012

Volume?



Spud Date:

Rig Release Date:

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 07/18/2013

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

For State Use Only

APPROVED BY: Dr. J. S. Spencer TITLE DATE July 19 2013

Conditions of Approval (if any):