Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-39499
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☐
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		BO-1969
(DO NOT USE THIS FORM FOR PROP	TICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name PIGLET 21 STATE
1. Type of Well: Oil Well	Gas Well  Other	8. Well Number #4
2. Name of Operator OXY USA WTP LP		9. OGRID Number 192463
3. Address of Operator		10. Pool name or Wildcat
PO BOX 4294; HOUSTON, TX	77210	ARTESIA ; GLORIETA-YESO (O) - 96830
4. Well Location	972 6.46.4 4. 5 1. 1.1144	
Section 21	:_873feet from theS line and _1164 Township 17S Range 28E	feet from theWline  NMPM County EDDY
Section 21	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3626'	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		<u> </u>
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DE	RILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	<del>-</del>	NT JOB
DOWNHOLE COMMINGLE	]	
OTHER:		AS 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 re		
	PIGLET 21 STATE #4 – FIRST GAS SALE DATE:	06/06/2012
	TROUBLE THE TROUBLE BITTE.	<b></b>
		RECEIVED
		1111110
		JUL 19 2013
		FECEIVED  JUL 1 9 2013  NMOCD ARTESIA
Spud Date:	Rig Release Date:	
Lhereby certify that the information	n above is true and complete to the best of my knowled	ge and helief
I N	A \	ge and benef.
SIGNATURE AND CO	TITLE_REGULATORY SPECI	ALIST DATE _07/18/2013
Type or print name _JENNIFER D	DUARTE E-mail address: jennifer duarte@	oxy.com PHONE: _713-513-6640
For State Use Only		•
APPROVED BY:	GOLE TITLE DIST & Super	WISO DATE Auls 18, 203
Conditions of Approval (if any):	111.00	0-1-1-5