Office Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-39501 5. Indicate Type of Lea	
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		STATE STATE	FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, N	M 87505	6. State Oil & Gas Leas	
1220 S. St. Francis Dr., Santa Fe, NM 87505	,		BO-1969	30 110.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name Piglet 21 State	
DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.) 1. Type of Well: Oil Well	CATION FOR PERMIT" (FORM C-Gas Well	101) FOR SUCH	8. Well Number #6 、	
2. Name of Operator	Gas Well Other		9. OGRID Number	
OXY USA WTP LP			192463	
3. Address of Operator PO BOX 4294; HOUSTON, TX 77210			10. Pool name or Wildcat ARTESIA; GLORIETA-YESO (O) - 96830	
4. Well Location			1	
Unit LetterL_	_:_1635feet from the	_S line and _334	feet from theV	Wline
Section 21		Range 28E		unty EDDY
	11. Elevation (Show whether	er DR, RKB, RT, GR, etc 3623' GR	.)	
12. Check	Appropriate Box to Indicate	ate Nature of Notice	, Report or Other Data	
NOTICE OF IN	NTENTION TO:	SUE	SEQUENT REPOR	T OF:
PERFORM REMEDIAL WORK 🗌	PLUG AND ABANDON			ERING CASING 🔲
TEMPORARILY ABANDON	·		RILLING OPNS. P AN	ID A 🔲
PULL OR ALTER CASING	MULTIPLE COMPL] CASING/CEMEN	IT JOB · 🔲	
DOWNHOLE COMMINGLE			,	
OTHER:	Г] OTHER: G/	AS CONNECT DATE	×
13. Describe proposed or comp	oleted operations. (Clearly sta			
	ork). SEE RULE 19.15.7.141	NMAC. For Multiple Co	ompletions: Attach wellbo	re diagram of
proposed completion or re-	completion.			
DECENTA	PIGLET 21 STATE #6 – FIR	ST GAS SALES DATE	11/12/2012	
RECEIVE				
JUL 1 9 2013				
NMOCD ARTES				
Spud Date:	Rig Rele	ase Date:		
I hereby certify that the information	above is true and complete to	the best of my knowled	ge and belief.	
ا- ال	S A			
SIGNATURE	TITLE	REGULATORY SPECI	ALIST DATE _07	7/18/2013
Type or print name _JENNIFER DI	JARTE E-mail add	ress: _jennifer duarte@	oxy.com PHONE: _71	13-513-6640
For State Use Only	0	0 -0	•	
APPROVED BY:	TITLE A) STELS YPEWIS	D DATE Jul	4 19,2013
Conditions of Approval (if any):			- 0-	, · ———