Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161 State of New Mexico Energy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-015-40833 5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
<u>District IV</u> – (505) 476-3460 Santa Fe, NM 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	FEDERAL
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	ARTESIA YESO FEDERAL UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number , 13
2. Name of Operator	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 (96830)
4. Well Location	ARTESIA, GEORIETA-TESO (20050)
Unit LetterD_:_990'feet from the NORTH line and _880'fee	t from the WEST line
Section 21 Township 17S Range 28E	NMPM EDDY County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3640' GL	
12 Charle Appropriate Day to Indicate Nature of Nation	Parant an Othan Data
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	_
TEMPORARILY ABANDON	 · ·
DOWNHOLE COMMINGLE	1305
	_
OTHER: OTHER: First 13. Describe proposed or completed operations. (Clearly state all pertinent details, and	st Gas Sales
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	mpletions: Attach wellbore diagram of
proposed completion or recompletion.	
First Gas Sales: 07/15/2013	
Meter number 728835-00	·
Weter Hamber 725055 00	DEOF
	0CT 1 8 2013
	OCT 18 2012
	20 2013
	NMOCD ARTESIA
	7.6 %
	· -
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	a and baliaf
A Market of the dest of my knowledge	e and belief.
amato allett	
SIGNATURE TITLE_REGULATORY SPECIA	ALIST DATE _10-17-2013
Type or print name _JENNIFER DUARTE E-mail address: _jennifer_duarte@c	
	oxy.com PHONE: 713-513-6640
For State Use Only	oxy.com PHONE: _713-513-6640