Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resour	ces Revised July 18, 2013
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	ON 30-015-41173
District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE STATE STATE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 c, 1414 67303	6. State Oil & Gas Lease No.
87505		
(DO NOT USE THIS FORM FOR PROP	CICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ICATION FOR PERMIT" (FORM C-101) FOR SUCH	TIGELI 21 STATE
PROPOSALS.)	<u></u>	8. Well Number
1. Type of Well: Oil Well	Gas Well Other	23
2. Name of Operator		9. OGRID Number
OXY USA WTP LP 3. Address of Operator		192463 10. Pool name or Wildcat
PO BOX 4294 HOUSTON, TEXA	AS 77210	ARTESIA; GLORIETA-YESO
4. Well Location		
	eet from the SOUTH line and _1600feet from	othe FACT line
Section 21 To	wnship 17S Range 28E NMPM	EDDY County
	11. Elevation (Show whether DR, RKB, RT,	GR, etc.)
	3635	
12 Ch 1	American Decision Testinate Nickers (C)	Trian Colonia
12. Check	Appropriate Box to Indicate Nature of N	Notice, Report or Other Data
NOTICE OF II	NTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	I.	
TEMPORARILY ABANDON		ICE DRILLING OPNS. P AND A
PULL OR ALTER CASING		CEMENT JOB
DOWNHOLE COMMINGLE	-	OLIMENT GOD
CLOSED-LOOP SYSTEM		
OTHER:	OTHER:	FIRST GAS SALES
		tails, 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	completion.	
•		
1	PIGLET 21 STATE #23 – FIRST GAS SALE D	ATE OF 01/09/2014
,		RECEI
		EVER
		MAR 20 LD
		Mag 28 2014
		PATE OF 01/09/2014 RECEIVED MAR 2 8 2014 MMOCD ARTESIA
		THIESIA
Spud Date:	Rig Release Date:	
I hereby certify that the information	n above is true and complete to the best of my k	nowledge and belief.
	100 01	
arana lezasan i el	Ke Vfm)	
SIGNATURE FILL SP	TITLE_REGULATOR	Y TECHDATE3/26/14
Type or print name Jessica A. Shel	ton F mail addresses Jassias shalten@	DHONE, 712 940 2011
For State Use Only	ton E-mail address: <u>Jessica_shelton@oxy.cc</u>	m FHONE: /15-04U-5UII
Lor State Ost Only	1	2/1/2
APPROVED BY:	N TITLE DIST HOY	DEVISON DATE 3/31/JONY
Conditions of Approval (if any):	-	