Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103		
District I – (575) 393-6161 Energy, Minerals and Natural Resources District II – (575) 748-1283 OH, CONSERVATION DR MCION			Revised July 18, 2013			
811 S. First St., Artesia, NM 88210 OII	S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-43106 5. Indicate Type of Lease		
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 1000 Rio Brazos Rd., Aztec, NM 87410			STATE STATE STATE			
District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 Santa Fe, NM 87505			6. State O	il & Gas Lease No	0.	
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			7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit			
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other HOBBS OCD			8. Well Number 269			
2. Name of Operator Occidental Permian LTD			9. OGRID Number			
3. Address of Operator			157984 10. Pool name or Wildcat			
PO Box 4294 Houston, TX 77210	RF	CEIVED		31920		
4. Well Location						
Unit Letter D : 164	feet from the N			feet from the	W line	
Section 9		ange 38E	NMPM	County	Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3600' GL						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
TEMPORARILY ABANDON CHANG PULL OR ALTER CASING MULTIP DOWNHOLE COMMINGLE	NTO: ND ABANDON E PLANS LE COMPL	SUB REMEDIAL WOR COMMENCE DRI CASING/CEMEN	K ILLING OPN		DF: G CASING □ □	
CLOSED-LOOP SYSTEM	X	OTHER:				
 Describe proposed or completed opera of starting any proposed work). SEE proposed completion or recompletion. To meet requirement that fresh water 	RULE 19.15.7.14 NMA	C. For Multiple Con	mpletions: A	Attach wellbore dia	agram of	
Occidental will be revising hole size:		ter that where the h		er ulameter occurs	on casing,	
From: 12 1/4"						
To: 12 5/8"						
Cement and casing will stay the san	ne.					
	_					
Spud Date:	Rig Release Da	ite:				
C. C. C. Barriston						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE CAPILITY HOU	NATURE CAPITITIE Regulatory Coordinator			DATE 04/	/19/2016	
Type or print name April Hood For State Use Only	E-mail address	: April_Hood@oxy	.com	PHONE: 71	3-366-5771	
APPROVED BY: Conditions of Approval (if any):	TITLE Pe	troleum Engine	er	DATE	128/16	
constitutions of reperior (it unly).						

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