Submit 1 Copy To Appropriate District  State of New Mexico	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 07 9 District II – (575) 748-1283	WELL API NO. 30-025-23330
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5 Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 SEE 1220 South St. Francis Dr.	STATE STEE
District IV - (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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 PROPOSALS.)	7. Lease Name or Unit Agreement Name State "B"
1. Type of Well: Oil Well Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number:
Occidental Permian Ltd.	157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat: Hobbs (G/SA)
	The second secon
4. Well Location	
Unit LetterC_:660fcet from the _North line and1980	
Section 33 Township 18S Range 38	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3645' (GL)	
5015 (02)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
12. Check Appropriate Box to indicate Nature of Notice, Report of Other Bata	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE	
OTHER:	П
13. Describe proposed or completed operations. (Clearly state all pertinent details, as	nd give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Coproposed completion or recompletion.	
1) MIRU PU	
2) POOH with production equipment During t	this procedure we plan to use
3) Trip a bit. Tag TD. the clos	ed-loop system with a steel
4) Acid treat peris with 2,000 gai 15% HCL	
5) Rotti w production equipment, replacing necessary components	l per ODC Rule 19.15.17
6) Return well to production disposa	i per obc itale 23:25:25
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
1 / 1	
SIGNATURE DATE: 07/05/2016	
SIGNATURE DATE. ONOSIZOTO	
Type or print name Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE: 713-497-2053	
For State Use Only	
ADDONED DV. IN ONOLL AND MANTE DULT SURVIVANIA TIE /2011-	
APPROVED BY: / WWW NITLE NOW SUBJUCTION DATE // S/CUTS	
Conditions of Approval (if any):	

MB