Submit 1 Come To Appropriate District		F
Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Reso	Form C-103 Revised July 18, 2013
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Reso	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVIS	ION 30-025-43580
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 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 NOT	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK	
PROPOSALS.)	CATION FOR PERMIT" (FORM C-101) FOR SUCH	
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 686
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	31920
4. Well Location		
Unit Letter L :	2119 feet from the S lin	ne and 1308 feet from the W line
Section 24	Township 18S Range 37	E NMPM County Lea
	11. Elevation (Show whether DR, RKB, R	T, GR, etc.)
	3673' GL	
12. Check	Appropriate Box to Indicate Nature of	f Notice, Report or Other Data
NOTICE OF IN	ITENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	DIAL WORK
TEMPORARILY ABANDON	—	IENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASIN	G/CEMENT JOB
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER: TD & Prod Casing An		details, and give pertinent dates, including estimated date
		fultiple Completions: Attach wellbore diagram of
proposed completion or rec		noracco
		FEB 1 5 20mm
New permitted TD should t	e 6000'	⁶ ⁶ ⁷ ⁵ ²⁰ ⁷
		and the second sec
Proposed Casing Program:		
Prod: Hole Size 8.75", Casing Size 7", 26#, L80 grade, set @ 6000' w/ 1200 sx, TOC 0'		
Smud Data	Rig Release Date:	
Spud Date:	Rig Kelease Date:	
I hereby certify that the information	above is true and complete to the best of my	v knowledge and belief
	above is the and complete to the best of my	Allowedge and benet.
Chailty	mali	
SIGNATURE	TITLE Regulatory Spe	acialist DATE 02/15/2017
Type or print name April Hood	Tomail - Line And	Hood@ove com
For State Use Only	E-mail address: April_	Hood@oxy.com PHONE: 713-366-5771
Tor blace cat oury	Bohniko	um Engineer
APPROVED BY:	TITLE FELLOR	DATE 02/15/17
Conditions of Approval (if any):		