Submit One Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natu	ral Resources	Revised November 3, 2011 WELL API NO.
District II	trict II		30-025-09926
811 S. First St., Artesia, NM 88210 District III	M 88210 OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Salita I C, 14171 67	7505	6. State Oil & Gas Lease No.
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 NORTH HOBBS (G/SA) UNIT
PROPOSALS.)  1. Type of Well:   Oil Well   Gas Well   Othe HOBBS OCD			8. Well Number 421
2. Name of Operator OCCIDENTAL PERMIAN LTD	.IUN 1 4		9. OGRID Number 157984
3. Address of Operator PO BOX 4294; HOUSTON, TX 77		LVIU	10. Pool name or Wildcat HOBBS; GRAYBURG – SAN ANDRES
4. Well Location	RECEI	VED	HOBBS, GRATBURG - SAIN ANDRES
	of from the NOPTH line and 330 f	eet from the EAST	line
Unit Letter H: 1650 feet from the NORTH line and 330 feet from the EAST line  Section 36 Township 18S Range 37E NMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3658' DF			
12. Check Appropriate Box to	Indicate Nature of Notice, R	eport or Other I	Data
NOTICE OF IN	TENTION TO:	QI IE	SSEQUENT REPORT OF:
NOTICE OF INTENTION TO: SUE			
		ILLING OPNS. P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	IT JOB 🗆 🖂
OTHER:		N 1111	
OTHER:    \times \text{ Location is ready for OCD inspection after P&A}			
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.			
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the			
OPERATOR NAME I FACE NAME WELL MUMBER ADMINISTER OUARTERIOUARTER LOCATION OR			
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR			
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.			
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and			
other production equipment.  Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.			
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with			
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed			
from lease and well location.			
All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed.)			
All other environmental concerns have been addressed as per OCD rules.			
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-			
retrieved flow lines and pipelines.	and the second second second second	-1	d line have have been added to
If this is a one-well lease or last location, except for utility's distribution		cal service poles ar	nd lines have been removed from lease and well
When all work has been completed, r	eturn this form to the appropriate I	District office to sel	hedule an inspection.
SIGNATURE A	TITLE_I	ENVIRONMENTA	AL ADVISOR_DATE 6-13-16
TYPE OR PRINT NAME _CASEY L SUMMERS _ E-MAIL: _casev_summers@oxy.com _ PHONE: _575-513-8289			
For State Use Only			
APPROVED BY: Mal	Titala_ TITLE	P.E.S.	DATE 6/15/2016
Conditions of Approval (if any):			Wm