Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103
District 1 (575) 393-6161 F Energy, Minerals and Natural Resources			Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 8824OBBS OCD District II – (575) 748-1283			30-025-07559
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 (C), p n a 2012; 1220 South St. Francis Dr.			5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 U J ZUIJ			STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM			6. State Oil & Gas Lease No.
87505 RECEIVED SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Section 33
1. Type of Well: Oil Well Gas Well Other			8. Well Number 121
2. Name of Operator Occidental Permian Ltd.			9. OGRID Number: 157984
3. Address of Operator			10. Pool name or Wildcat
2611 State Hwy 214 Denver City, TX 79323			Hobbs (G/SA)
4. Well Location			
Unit LetterE_: _2310feet from theNorth line and330feet from theWest line			
Section 33 Township 18S Range 38-E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3631' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORLD			
TEMPORARILY ABANDON			
DOWNHOLE COMMINGLE	L COMIL	O TONIO DE MIET	
OTHER:	П	OTHER:	П
	tions. (Clearly state all		d 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 recompletion.			
proposed completion of recompletion.		During this prop	aduma viia intara ta
the closed loop			edure we plan to use system with a steel
			ontents to the required
			C Rule 19.15.17
4. RDPU and clean location			
	\neg		
Spud Date:	Rig Release Da	ate:	
hereby certify that the information above is true and complete to the best of my knowledge and belief.			
thereby contry that the information above is true and complete to the best of my knowledge and benefit.			
1			
SIGNATURE Steer Specialist DATE 9/5/2013 .			
Type or print nameSteve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312			
For State Use Only			
APPROVED BY: Mal Withden TITLE Compliance Officer DATE 09-12-2013			
Conditions of Approval (if any):			