JUL 2 4 2014

		JOL 2 3 2011		
Submit One Copy To Appropriate District	State of New Mexico		Form C-103	
Office District I	Energy, Minerals and Natural Res	sources RECEIVED	Revised November 3, 2011	
1625 N. French Dr., Hobbs, NM 88240	23,	WELL API N		
District II 811 S. First St. Artesia, NM 88210 OIL CONSERVATION DIVISION		SION 30-025-07670		
811 S. First St., Artesia, NM 88210 District III 1220 South St. Francis Dr.		5 Indicate To		
1000 Rio Brazos Rd., Aztec, NM 87410	000 Rio Brazos Rd. Aztec. NM 87410			
District IV 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil 8	Gas Lease No.	
87505				
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Nan	ne or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		Douth 110003	G/SA Unit	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well: Oil Well Gas Well Other WIW		8. Well Num	8. Well Number 71	
2. Name of Operator		9. OGRID N	9. OGRID Number	
Occidental Permian Ltd.		157984		
3. Address of Operator			10. Pool name or Wildcat	
1017 W. Stanolind Road, Hobbs, NM 88240		Hobbs: Grayb	Hobbs: Grayburg-San Andres	
4. Well Location 1050				
Unit Letter E: +1680 feet	from the North line and 900 feet from the	ne West line	\ .	
Section 9 Township 19-S Range 38-E NMPM County Lea				
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3606' RDB				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTIOE OF INTENTION TO				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
			ALTERING CASING []	
			PANDAU	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB 3. 14				
OTHER:		ocation is ready for OCD in	spection after P&A	
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.				
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.				
A steel plate was welded to casing at least 4' below ground level per NMOCD approval. It shows the following;				
OPERATOR NAME LEASE NAME WELL NUMBER ARENUMBER OVIARRED OUT PRED 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.				
	nearly as possible to original ground cont	our 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.				
	emaining well on lease: all electrical serv	ice poles and lines have bee	n removed from lease and well	
location, except for utility's distribution	n infrastructure.			
When all work has been completed to	turn this form to the appropriate District	affica ta cobadulo an incomo	ki	
when an work has been completed, re	turn this form to the appropriate District	office to schedule an inspec	non.	
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SIGNATURE // //	ulae TITLE HES	SPECIALIST	DATE7-15-14	
TVDE OD DDINT NAME TOTAL	SHIII AD IT MAIT		· *	
TYPE OR PRINT NAME_TONY AGUILARE-MAIL: _raymond_aguilar@oxy.com PHONE: _575-397-8251_ For State Use Only				
APPROVED BY: Wash With falen TITLE Compliance Officer DATE 8/13/2014				
Conditions of Approval (if any): AUG 1 3 2014			2018	
Commission of Approved (in unity).		AUG 1 3	\(\lambda\) \(\lambda\)	