Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office District 1 – (575) 393-6161 Ener	gy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL	CONSERVATION DIVISION	30-025-38524 •
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (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	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DR		North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PROPOSALS.)	PERMIT (FORM C-101) FOR SUCH	Section 19
1. Type of Well: Oil Well 🛛 Gas Well	Other HOBBS OCD	8. Well Number 628
2. Name of Operator	- 2014	9. OGRID Number: 157984
Occidental Permian Ltd. 3. Address of Operator	- AUG 2 5 2014	10. Pool name or Wildcat Hobbs (G/SA)
2611 State Hwy 214 Denver City, TX	79323	
4. Well Location	79323 RECEIVED	I
Unit Letter B : 290 feet from the North line and 2510 feet from the East line '		
Section 19	Township 18S Range 38I	
	ation (Show whether DR, RKB, RT, GR, etc.	
3677' KB		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A		
OTHER: OTHER: OTHER: OTHER: OTHER:		
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recompletion.		
1) DOOLL with prod again	During this procedur	e we plan to uso
<ol> <li>POOH with prod equip.</li> <li>Clean out to 4459'</li> </ol>	the closed-loop system with a steel	
3) Acid treat with 5200 gal.		
4) RIH with ESP		
5) Return well to production		
Spud Date:	Rig Release Date:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is true and complete to the best of my knowledge and center.		
SIGNATURE Stare Snow TITLE Lift Specialist DATE 8/21/2014		
Type or print name Steve Snead	E-mail address: steve_snead@ox	y.com PHONE: _806-592-6312
For State Use Only		
APPROVED BY:		DATE 08/26/14
Conditions of Approval (if any):		
AUG 27 2014		
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