Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources				Form C-103	
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minera	ais and Natu	rai Resources	WELL API NO.	June 19; 2008	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			30-0	25 - 28266	
District III	1220 South St. Francis Dr.			5. Indicate Type STATE	e of Lease  X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 · District IV	Santa Fe, NM 87505			6. State Oil & C		
1220 S. St. Francis Dr., Santa Fe, NM 87505				o. State Off & C	Jas 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 PROPOSALS.)				4	or Unit Agreement Name:	
1. Type of Well: Oil Well Gas Well Other WIW				8. Well Number		
2. Name of Operator	/		T 0 3 2014	9. OGRID Numl		
Occidental Permian Ltd.					57984	
3. Address of Operator P.O. Box 4294, Houston, TX 77210-4294					10. Pool name or Wildcat Hobbs: Grayburg-San Andres	
4. Well Location						
Unit Letter0 :	475 feet from	n the Sou	ith line and_	1437 feet f	rom the <u>East</u> line	
Section 32			Range 38-E		County Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3626' GR						
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 ABAI	NDON 🔲	REMEDIAL WOR	к 🗆	ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS	s 🗀	COMMENCE DR	ILLING OPNS. 🔲	P AND A	
PULL OR ALTER CASING	MULTIPLE COM	1PL 🗆	CASING/CEMEN	т ЈОВ 🔲		
DOWNHOLE COMMINGLE	•					
		_				
OTHER:				d Tubing Cleanout		
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.						
9/29/14 - 9/30/14:						
MI Coiled Tubing Unit. wash perfs from 4083' 15% NEFE HCL. Let acid clean. POOH with clear	- 4244'. Pump 10 I soak x pump sec	bbl gel socond 10 bbl	weep. Close bac gel sweep x fl	kside x acid wash ow back returns.	perfs w/2500 gal.	
Spud Date: RU - 9/29/	14	Rig Relea	ase Date:	RD - 9/30/14		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE Mark Stephen TITLE Regulatory Compliance Analyst DATE 10/1/14						
Type or print name Mark Stephens E-mail address: PHONE (713) 366-5158						
For State Use Only						
APPROVED BY ALLY S Drown TITLE Suff Sufficient DATE 10/9/2014  Conditions of Approval (if any):						

OCT 0 9 2014