Submit 3 Copies To Appropriate District	State of New M	Form C-103	
District I 1625 N. French Dr., Hobbs, NM 87240	Energy, Minerals and Nati	irai Resources	June 19, 2008 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATIO		30-025-42471
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fr		5. Indicate Type of Lease  STATE  FEE
District IV	Santa Fe, NM 8	3/303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			o. State on & Gas Ecase No.
SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name:
PROPOSALS.)	CATION FOR PERMIT" (FORM C-1)	HOBBS OCD	North Hobbs G/SA Unit
1. Type of Well: Oil Well X Gas Well	Other	FIODBS OCD	8. Well Number / 957
2. Name of Operator	Other	MAY 1 2 2015	9. OGRID Number
Occidental Permian Ltd.			157984
3. Address of Operator P.O. Box 4294, Houston,	TY 77210.4204	RECEIVED	10. Pool name or Wildcat Hobbs: Grayburg-San Andres
Well Location			
Unit Letter P :	890 feet from the So	uth line and	465 feet from the East line
Section 18	Township 18-S	Range 38-E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3656.3' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
12. Once Appropriate Box to maleute Nature of Notice, Report, of Other Butta			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
ERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WORK	☐ ALTERING CASING ☐
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILL	ING OPNS. P AND A
ULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMENT J	IOB
OWNHOLE COMMINGLE			
OTHER: Amend Surface Hole Lo	ocation (Pre-spud)	OTHER:	
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.			
Amend SHL (only) to avoid possible flooding of the wellsite due to low ground elevation. Amended			
Form C-102 is also attached.			
Spud Date:	Rig Rele	ase Date:	
hereby certify that the information above is true and complete to the best of my knowledge and belief.			
IGNATURE Mak Stephen TITLE Regulatory Compliance Analyst DATE 5/11/15			
'ype or print name <u>Mark Stephe</u>	ens E-r	Mark_St nail address:	tephens@oxy.com PHONE <u>(713) 366-515</u> 8
PPROVED BY TITLE DATE 05/12/15 Conditions of Approval (if any):			
APPROVED BY	<i>mut</i>	TLE	ngineer DATE 05/12/16
Conditions of Approval (if any):	<u> </u>		<del>- /// //</del>

MAY 1 3 2015

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