Submit I Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 State of New Mexico Energy, Minerals and Natural Resources	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
District II - (575) 748-1283	30-025-31427
District III = (505) 334-6178	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 8741 RECEIVED anta Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 87505	6. State Oil & Gas 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	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other: injector	8. Well Number: 231
2. Name of Operator	9. OGRID Number: 157984
Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location	
Unit Letter F: 1562 feet from the North line and 2100	
Section 4 Township 19S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3615' GL	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE	
OTHER: 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
1. MIRU PU	
 POOH w/ production Equipment Set CIBP @ 3800' and cap with 35' of CMT 	g this procedure we plan to use
4 Install TA wellhead the cl	osed-loop system with a steel
5. RDMO PU tank a	and haul contents to the required
dispo	sal per ODC Rule 19.15.17
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE MILL SILLE TITLE POLY Eng DATE 3/23/16	
Type or print name Rick Reeves E-mail address rick reeves@oxy.com PHONE: 713-215-7653	
For State Use Only	
APPROVED BY: Value Stown TITLE Dist Supervision DATE 3/23/2016 Conditions of Approval (if any):	