Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I - (575) 393-6161	Energy, Minerals and Natural Re	esources Revised July 18, 201 WELL API NO.	3	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		20.025.42007	1	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIV	1510N 5 Indicate Type of Lease	,	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis D	or. STATE X FEE	/	
<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				
	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	_	
(DO NOT USE THIS FORM FOR PROPO	DSALS TO DRILL OR TO DEEPEN OR PLUG BAC ICATION FOR PERMIT" (FORM C-101) FOR SUC	CK TO A		
PROPOSALS.)	LODDS /	•	_	
1. Type of Well: Oil Well	Gas Well Other	265	_	
2. Name of Operator Occidental Permian LTD	APR 21 20	9. OGRID Number		
3. Address of Operator	7111212	10. Pool name or Wildcat		
PO Box 4294 Houston, TX	77210 RECEIV	31920		
4. Well Location	RECEIV			
Unit Letter L	1791 feet from the S	line and 841 feet from the W line	/	
Section 4	Township 19S Range 3	38E NMPM County Lea		
	11. Elevation (Show whether DR, RKB,			
	3606' GL			
12. Check	Appropriate Box to Indicate Nature	of Notice, Report or Other Data		
NOTICE OF I	NTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK	_	EDIAL WORK		
TEMPORARILY ABANDON		IMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING		ING/CEMENT JOB		
DOWNHOLE COMMINGLE	MOETH LE COMI L	INTO/OLINEIT JOB		
CLOSED-LOOP SYSTEM				
OTHER: Surface Hole Size Chan		ER:		
		nt details, and give pertinent dates, including estimated da	ite	
		Multiple Completions: Attach wellbore diagram of		
proposed completion or re	completion.			
To meet requirement the	at fresh water zones must be 2" greater that	where the maximum outer diameter occurs on casing,		
Occidental will be revisir		where the maximum outer diameter occurs on casing,		
	g 11010 0120.			
From: 12 1/4"				
To: 12 5/8"				
Cement and casing will	stay the same			
Coment and casing will	nay the same.			
Spud Date:	Rig Release Date:			
		Na Carlotta		
I hereby certify that the information	above is true and complete to the best of n	ny knowledge and belief.		
\bigcap \bigcap \bigcap	1			
SIGNATURE WALL	TITLE Regulatory Co	pordinator DATE 04/19/2016		
SIGINITORE STATE	TITEL regulatory oc	BATE 04/13/2010		
Type or print name April Hood	E-mail address: April	_Hood@oxy.com PHONE: 713-366-5771		
For State Use Only				
	Petrolei	um Engineer DATE 04/28/16	,	
APPROVED BY:	TITLE FEHOLE	DATE 09/28/16		
Conditions of Approval (if any):				

CM