Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Reso	ources WELL AI	Revised July 18, 2	2013
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVIS	20 025 4		/
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicat	te Type of Lease 'ATE X FEE	/
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505		Dil & Gas Lease No.	
	ICES AND REPORTS ON WELLS	7. Lease	Name or Unit Agreement Nan	ne
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK ICATION FOR PERMIT" (FORM C-101) FOR SUCH	TO A South	Hobbs G/SA Unit	
1. Type of Well: Oil Well	Gas Well Other HOBBS	8. Well N	Number 272	
Name of Operator     Occidental Permian LTD	APR 212		D Number	
3. Address of Operator	AFRZIZ		name or Wildcat	
PO Box 4294 Houston, TX	77210 RECEIV	/ ACOUNT (ACOUNT)	31920	
4. Well Location	RECEI	The second secon		
			feet from the li	ine 1
Section 10	Township 19S Range 38		County Lea	
	11. Elevation (Show whether DR, RKB, R. 3604' GL	T, GR, etc.)		
10 (1-1	A	CN .: D	0.1	
	Appropriate Box to Indicate Nature of	Notice, Report or	Other Data	
	NTENTION TO:		NT REPORT OF:	_
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON		DIAL WORK	☐ ALTERING CASING	
TEMPORARILY ABANDON   PULL OR ALTER CASING		ENCE DRILLING OPN G/CEMENT JOB	IS.□ PANDA	
DOWNHOLE COMMINGLE	MOETH LE COMM E	O/OLIVILITY JOB		
CLOSED-LOOP SYSTEM				
OTHER: Surface Hole Size Chang				
of starting any proposed w	oleted operations. (Clearly state all pertinent ork). SEE RULE 19.15.7.14 NMAC. For M	details, and give pertin	ent dates, including estimated	I date
proposed completion or rec		uniple completions. 7	Attach wehoofe diagram of	
To meet requirement that Occidental will be revising	nt fresh water zones must be 2" greater that wing hole size:	here the maximum out	er diameter occurs on casing,	
From: 12 1/4"				
To: 12 5/8"				
Cement and casing will s	stay the same.			
Spud Date:	Rig Release Date:			
I hereby certify that the information	above is true and complete to the best of my	knowledge and belief.		_
0 0	/ /			
SIGNATURE CAPELY	TITLE Regulatory Cool	rdinator	DATE 04/19/2016	
Type or print name April Hood	E-mail address: April_H	lood@oxy.com	PHONE: 713-366-5771	34
For State Use Only			the provided the second	1
APPROVED BY:	TITLE Petrolet	um Engineer	DATE 04/28/	1//
Conditions of Approval (if any):	IIILE_		DAIL Off	10

en