Submit 1 Copy To Appropriate District	District I – (575) 393-6161 Energy, Minerals and Natural Resources		Form C-103		
District I – (575) 393-6161 Et			Revised July 18, WELL API NO.	, 2013	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		DUNCION	30-025-07547	/	
811 S. First St., Artesia, NM 88210	11 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	1	
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 Santa Fe, NM 87505		STATE X FEE	1		
		6. State Oil & Gas Lease No.			
1220 S. St. Francis Dr., Santa Fe, NM 87505			State of New Mexico B-2656		
	D REPORTS ON WELLS	5	7. Lease Name or Unit Agreement Nat	me	
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION F PROPOSALS.)	OR PERMIT" (FORM C-101) FORM		North Hobbs Unit (G/SA)	1	
1. Type of Well: Oil Well X Gas We	ll 🗌 Other	003 000	8. Well Number 241		
2. Name of Operator Occidental Permian Ltd.	MA	Y 0 3 2016	9. OGRID Number 157984	1	
3. Address of Operator			10. Pool name or Wildcat		
P.O. Box 4294, Houston, TX 77210	RE	CEIVED	Hobbs (G/SA)		
4. Well Location	2				
Unit Letter N : 660	feet from theSou	ith line and	1980 feet from the West	line /	
Section 33		ange 38E	NMPM County Lea	121.	
11. El	evation (Show whether DR,	, RKB, RT, GR, etc.			
	3627' (GL)			State of the	
			말 많은 영상은 가슴 것을 잘 했다.		
12. Check Approp	riate Box to Indicate N	lature of Notice,	Report or Other Data		
NOTIOE OF INTENT			SEQUENT REPORT OF		
NOTICE OF INTENT			SEQUENT REPORT OF:	. —	
		REMEDIAL WOR		ч Ц	
	IGE PLANS	COMMENCE DR			
		CASING/CEMEN	т јов		
DOWNHOLE COMMINGLE					
CLOSED-LOOP SYSTEM		OTHER.			
OTHER:	arations (Clearly state all	OTHER:	d give pertinent dates, including estimate	d date	
	E RULE 19.15.7.14 NMAG		mpletions: Attach wellbore diagram of	eu uate	
3/21/2016) MIRU, killed well, ND wellhe		floor DOOH w/ 1	24 its and ESP aquipment ESP was	cloan	
ested negative for NORM, but the shaft					
ub, 123 jts 2 7/8" tbg and ESP equipmen		rough the hanger	, ND BOP, NU wellhead, install surfac	ce	
quipment, RD pulling unit, cleaned locat	ion and MO location.				
	119 63		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
0/04/40	D' D I D	0/04/40			
Spud Date: 3/21/16	Rig Release Da	ate: 3/24/16			
				2.474	
I hereby certify that the information above is	true and complete to the be	est of my knowledg	e and belief.		
SIGNATURE Squad mitalu	12	atory Specialist	DATE 5/2/1		
Alland Internet	TITLE Regula	atory opeoidilet		le	
		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
Type or print name Sarah Mitchell		s: sarah_mitchell@		1	
Type or print name Sarah Mitchell	E-mail address	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
Type or print name Sarah Mitchell	E-mail address	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
Type or print name Sarah Mitchell For State Use Only APPROVED BY:		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oxy.com PHONE: 713-366-546	1	
Type or print name Sarah Mitchell	E-mail address	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oxy.com PHONE: 713-366-546	1	

MAY N & 2016