Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240/UL District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS	Form C-103 Revised August 1, 2011 WELL API NO. 30-025-43105 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name
(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	South Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other	8. Well Number 270
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 (Surface)	
Unit LetterD_:165feet from the _North line and717feet from theWestline	
Section 9 Township 19S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3600.8' (GL)	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A DOWNHOLE COMMINGLE OTHER: OTHER: OTHER: Initial Completion 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. NU BOP. Dirill Out DV tool to Float Collar 3. RU wireline & run CNL/GR/CBL/CCL per prog During this procedure we plan to use the closed-loop system with a steel 4. RDPU and leave wells shut-in for initial completion in Q3/Q4 2016 During this procedure to the required disposal 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 <u>faceh A Cx</u> <u>TITLE Production Engineer</u> <u>DATE 04/18/2016</u> Type or print name <u>Jacob S. Cox</u> E-mail address: <u>Jacob Cox@oxy.com</u> PHONE: <u>713-497-2053</u> <u>For State Use Only</u> APPROVED BY: <u>Matury Brown PITLE</u> <u>Dist Supervise</u> DATE <u>7/18/2016</u> Conditions of Approval (if any):	

