Submit I Copy To Appropriate District Office	State of New Me		Form C-103 Revised August 1, 2011
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natur	rai Resources	WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION		30-025-34906 5. Indicate Type of Lease
<u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460	1220 South St. Fran Santa Fe, NM 87		STATE FEE
1220 S. St. Francis Dr., Santa Fe, NM 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 PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
			Section 33— 8. Well Number
2. Name of Operator			511 9. OGRID Number: 157984
Occidental Permian Ltd.			
3. Address of Operator 1017 West Stanolind Road Hobbs, New Mexico 88240			10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location			
Unit Letter D: 13 Section 33		and 598	
Section 33	Township 18S Rang 11. Elevation (Show whether DR,	<u> </u>	NMPM Lea County
3643' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐			
_	MULTIPLE COMPL	CASING/CEME	NT JOB
DOWNHOLE COMMINGLE			
OTHER:	leted operations. (Clearly state all r	OTHER:	nd 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 rec	ULL OR ALTER CASING		
1 DUDIL and DOOH W/ESD	t	During	g this procedure we plan to use the closed-
CO and Treat if necessary loop:			
3. RIH W/ESP eqmt the req			quired disposal per ODC Rule 19.15.17
4. RDPU and clean location 5.			
<u></u>			
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 /eng A.) wear TITLE WA/LS DATE 3/27/17			
Type or print name Terry Duncan E-mail address terry_a_duncan@oxy.com_PHONE: 575 397-8223			
For State Use Only Makey & Blown A DIT			
APPROVED BY: DATE DATE DATE			
1,1	PROVED BY: Maly Solown TITLE AD II DATE 3/27/2017		