Submit 1 Copy To Appropriate District Office District I – (575) 393-616 DRBS OCEnergy, Minerals and Natural Resources	Form C-103 Revised July 18, 2013
1625 N. French Dr., Hubbs, NM 88240	WELL API NO. 30-025-27139
811 S. First St., Artesia, NM 882 to 2 5 2017 OIL CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd. Aztec NM 87410	STATE FEE X 6. State Oil & Gas Lease No.
District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505	19552
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	North Hobbs Unit (G/SA)
1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 132
Name of Operator Occidental Permian Ltd	9. OGRID Number 157984
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 4294, Houston, TX 77210	Hobbs (G/SA)
4. Well Location Unit Letter L: 1400 feet from the South line and	1300 feet from the West line
Section 32 Township 18S Range 38E	NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3629' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	_
CLOSED-LOOP SYSTEM	Ran MIT
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of	
proposed completion or recompletion.	
 MIRU x NDWH x NUBOP. POOH 122 jts tbg x pkr. 	
Circulated well with 10 bbls BW.	T.
• RIH 122 jts 2 7/8" tbg x pkr @ 3765'.	
 Ran MIT x passed – Chart attached. 	
• RD x NDBOP x NUWH.	
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Soul Date: 05/03/47	
Spud Date: 05/02/17 Rig Release Date: 05/03/17	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
() will x/ord	
SIGNATURE TITLE Regulatory Specialist	DATE 09/20/2017
Type or print name April Hood E-mail address: April_Hood@Ox For State Use Only	y.com PHONE: 713-366-5771
VI alu ME 1000 HO / IT a / 201/2016	
APPROVED BY: Conditions of Approval (if any):	DATE 1/CILOR
V	

RBDMS-CHART-V

