Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		30-025-07047
811 S. First St., Artesia, NM 88210	OIL CONSERVATION OF ISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South Prancis Dr.	STATE 🗹 FEE 🗌
District IV - (505) 476-3460	Sana Fe, NM 87905	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	JUL I TO THE	19552
SUNDRY NO	TICES AND REPORTS ON WELLSEN	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PRO DIFFERENT RESERVOIR. USE "APP	POSALS TO DRILL OR TO DEEPERS A PUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	North HObbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🔲 Other	8. Well Number 211
2. 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 7	7210	Hobbs (G/SA)
4. Well Location		
Unit Letter C : 660 feet from the North line and 1980 feet from the West line		
Section 24	Township 18S Range 37E	NMPM County LEA
	11. Elevation (Show whether DR, RKB, RT, GR,	etc.)
3675' (KB)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
OTHER:		mporarily Abandon
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.		
4/22/19 - RIPU		
4/22/19 - POOH tbg & esp equip		
4/23/19 - RDPU to PRODUCTION		
BY THE DATE STATED ABOVE: 77		
A BOVE: K F		
		····
Spud Date: 4/22/19	Rig Release Date: 4	4/23/19
·····		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE	TITLE Regulatory Specialist	DATE 7/9/19
	17	
Type or print name Roni Mathew E-mail address: roni_mathew@oxy.com PHONE: 713-215-7827		
For State Use Only		
And that and the second and the second		
APPROVED BY: Kerry Forte		

