Submit 1 Copy Office	To Appropriate Distric	``			Mexico				Form Revised July	C-103	
District I – (575) 393-616 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobby NM 88240						esources	WELL API NO.				
District II – (57 811 S. First St. District III – (57 1000 Rio First St. District IV – (5	District III - (575) 202 83 11 S. First St. contral, NM 80 District III - 05/334-61 District IV - (505) 439 460 220 S. St. Francis Dr., Santa Fe, NM 87505						30-025-45492 5. Indicate Type of Lease STATE ✓ FEE 6. State Oil & Gas Lease No.				
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL ORMED PPEN 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 Ramsay Federal Com 8. Well Number 002 			
2. Name of Operator								9. OGRID Number			
OCCIDENTAL PERMIAN LTD								157984 10. Pool name or Wildcat			
3. Address of Operator P.O. BOX 4294 HOUSTON, TX 77210								Dollarhide: Devonian			
4. Well Loc		11, 17, 17210									
Uni	t Letter N	<u>: 1140</u>	feet from th	ne S		line and 330		feet from the	E	line	
Sec	tion 28		Township	24S	Range	38E	NMPM	Co	unty LEA		
			evation (Show 3192' GR	whether	DR, RKB	, RT, GR, etc.)					
	12. Che	ck Approp	riate Box to	Indicat	e Nature	of Notice,	Report or	Other Data	1		
TEMPORAR PULL OR AL DOWNHOLE CLOSED-LC	NOTICE OF REMEDIAL WORK ILY ABANDON TER CASING COMMINGLE DOP SYSTEM	CHAN	ION TO: AND ABANDO IGE PLANS IPLE COMPL		COL	MEDIAL WORI MMENCE DRI SING/CEMENT	K LLING OPN I JOB	NS. 🗍 P AI	RT OF: ERING CASI ND A	Ō	
OTHER:	ribe proposed or c	1 / 1				IER:	Comp		1 11 12		
prop RUF	arting any propose osed completion o PU 4/16/19, RIH & 90 bbls freshwate	perforated fro	on. om 8396-8431 :	and 8288			•				
Spud Date:	4/5/2019		Ri	g Releaso	e Date:	4/14/2019					
I hereby certif	fy that the information	tion above is	true and comp	lete to th	ne best of	my knowledge	e and belief	ſ.			
SIGNATURE		2									
		THE	т	ITLE_R	egulatory	Specialist		DATE_	7/2/2019)	
Type or print For State Use	name Roni Mat	hew		ITLE <u>R</u> -mail add		Specialist oni_mathew@	oxy.com	DATE_			
For State Use APPROVED	name Roni Mat	ngw ngha				· · ·	oxy.com	PHONE		5-7827	

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