Date: Complete C	Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
Describ (-975) 749-128 330-025-28987 115 First St. Areas NA 88210 1220 South St. Francis Dr. Sartia Fe, RN 87505 Sartia Fe,		Energy, Minerals and Natural Resources	
Dashell Cody 334-6178 12.20 South St. Francis Dr. S. Indicate 1/ye of Lease Dashell Cody Reb Pans Rd, Anse, kM 87410 Santa Fe, NM 87505 S. Indicate 1/ye of Lease Dashell Cody 876-3460 Santa Fe, NM 87505 S. Indicate 1/ye of Lease Dashell Cody 876-3460 Santa Fe, NM 87505 S. Indicate 1/ye of Lease Dashell Cody 876-3460 Santa Fe, NM 87505 S. Indicate 1/ye of Lease Dashell Cody 876-3460 Santa Fe, NM 87505 S. Indicate 1/ye of Lease Dashell Cody 876-3460 Santa Fe, NM 87505 S. Indicate 1/ye of Lease Dashell Cody 876-3460 Santa Fe, NM 87505 S. Indicate 1/ye of Lease Dashell Cody 876-3460 Santa Fe, NM 87505 Sant	District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-025-28957
Santa Fe, NM 87505 6. State Oil & Gas Lease No.	District III - (505) 334-6178		
SUNDRY NOTICES AND REPORTS ON WELLS OD NOT USE THIS FORM FOR PROPOSALS TO DAILL OR TO DEEPEN OR PLUG BACK TO A PROPERSENT RESERVOIR. LES*-APPLICATION FOR PRINTING FORM C-101) FOR SUCH North Hobbs Unit (G/SA) Unit North Hobbs (G/SA) U	District IV - (505) 476-3460	Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS ON NOT USE THIS PORM FOR REPORDSALS TO DALLO ART ODE PERSON OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PERSONT" (FORM C-101) FOR SUCH REPORTSALS.) 1. Type of Well: Oil Well			
North Hobbs Unit (G/SA) Unit Rorthest From the South S			7. Lease Name or Unit Agreement Name
1. Type of Well: Oil Well Gas Well Other S. Well Number 432	DIFFERENT RESERVOIR. USE "APPL		North Hobbs Unit (G/SA) Unit
2. Name of Operator 9. OGRID Number 157984 3. Address of Operator 1017 W Standolfnd Rd, Hobbs NM 88240 10. Pool name or Wildcat Hobbs (G/SA) 4. Well Location Unit Letter .2260 feer from the SOUTH Line and 180 feet from the EAST Jine Section 30 Township 18S Range 38E NMPM County		Gas Well Other	8. Well Number 432
3. Address of Operator 1017 W Stanolind Rd, Hobbs NM 88240 4. Well Location Unit Letter	2. Name of Operator		9. OGRID Number
1017 W Stanolind Rd, Hobbs NM 88240			- -
Unit Letter 2260 feet from the SOUTH line and 180 feet from the Section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 30 Township 188 Range 38E NMPM County The section 40 Township 188 Range 38E NMPM County The section 40 Township 188 Range 38E NMPM County The section 40 Township 188 Range 38E NMPM County The section 40 Township 188 Range 38E NMPM County The section 40 Township 188 Range 38E NMPM County The section 40 Township 188 Township 188		bbs NM 88240	
Section 30 Township 18S Range 38E NMPM County		2260 SOUTH 18	EAST O
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DETAILS (COMMENCE DETAILS OF PAND A CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB TOTHER. 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. DATE OF TEST 5-12-2020 PRESSURE TEST START 600PS! END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE_Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 675-397-8206 For State Use Only APPROVED BY: Accepted for record - NMOCD gc 4/15/2022 DATE			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB DOWNHOLE COMMINGLE COMMENCE DEPOSED OTHER. 5 YEAR MIT OTHER. 5 YEAR MIT OTHER. 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. DATE OF TEST 5-12-2020 PRESSURE TEST START 600PSI END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Spud Date: Rig Release Date: Rig Release Date: PHONE: 575-397-8206 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE	Section 30		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. ALTERING CASING COMMENCE DRILLING OPNS. P AND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P AND A DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER. 5 YEAR MIT SYEAR MIT	Bereit	<u> </u>	,
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON COMMENCE DRILLING OPNS. ALTERING CASING COMMENCE DRILLING OPNS. P AND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P AND A DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER. 5 YEAR MIT SYEAR MIT	10 61 1	A STATE OF THE STATE OF THE	n
PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A P	12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS: PAND A DULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CA			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB COUNTY CASING/CEMENT JOB CASING/CEMENT JOB		=	-
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER. 5 YEAR MIT 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. DATE OF TEST 5-12-2020 PRESSURE TEST START 600PSI END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE_Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: Justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record - NMOCD gc 4/15/2022 DATE	_	=	
OTHER. 5 YEAR MIT 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. DATE OF TEST 5-12-2020 PRESSURE TEST START 600PSI END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record - NMOCD gc 4/15/2022 DATE			_
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. DATE OF TEST 5-12-2020 PRESSURE TEST START 600PSI END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE_Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Onty Accepted for record – NMOCD gc 4/15/2022 DATE			5 YEAR MIT
DATE OF TEST 5-12-2020 PRESSURE TEST START 600PSI END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE_Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only APPROVED BY: Accepted for record – NMOCD gc 4/15/2022 DATE	13. Describe proposed or com	pleted operations. (Clearly state all pertinent details, an	d give pertinent dates, including estimated date
DATE OF TEST 5-12-2020 PRESSURE TEST START 600PSI END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE_Well Surveillance Lead DATE Type or print nameJustin Saxon			mpletions: Attach wellbore diagram of
PRESSURE TEST START 600PSI END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only APPROVED BY: Accepted for record – NMOCD gc 4/15/2022 DATE	proposed completion of re	completion.	
PRESSURE TEST START 600PSI END 580PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only APPROVED BY: Accepted for record – NMOCD gc 4/15/2022 DATE	DATE OF TEST 5-12	-2020	
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 TITLE_Well Surveillance Lead DATE Type or print name _Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record – NMOCD gc 4/15/2022 DATE	PRESSURE TEST S	TART 600PSI END 580PSI	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record – NMOCD gc 4/15/2022 DATE		UMINUTES	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record – NMOCD gc 4/15/2022 DATE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record – NMOCD gc 4/15/2022 DATE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record – NMOCD gc 4/15/2022 DATE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record – NMOCD gc 4/15/2022 DATE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record – NMOCD gc 4/15/2022 DATE			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only Accepted for record – NMOCD gc 4/15/2022 DATE			
SIGNATURE	Spud Date:	Rig Release Date:	
SIGNATURE	<u> </u>		<u>_</u>
SIGNATURE	I hereby certify that the information	n above is true and complete to the best of my knowleds	ge and belief.
Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only ACCEPTED BY: Accepted for record - NMOCD gc 4/15/2022 DATE	1-1		
Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only ACCEPTED BY: Accepted for record - NMOCD gc 4/15/2022 DATE	SIGNATURE /	TITLE Well Surveillance Lead	DATE
APPROVED BY: Accepted for record – NMOCD gc 4/15/2022 DATE	7/0//		
APPROVED BY: Accepted for record – NMOCD gc 4/15/2022 DATE	Type or print name Justin Saxon For State Use Only	E-mail address: justin_saxon@	PHONE: 3/5-39/-8206
	-	Accounted for record NIMOCD 4/45/2022	
	APPROVED BY:	Accepted for record – Nivioco gc 4/15/2022	DATE

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720 District II

811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III

1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 21457

CONDITIONS

Operator:	OGRID:
OCCIDENTAL PERMIAN LTD	157984
P.O. Box 4294	Action Number:
Houston, TX 772104294	21457
	Action Type:
	[C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Create	Condition	Condition Date
gcor	None	4/15/2022