Submit 1 Copy To Appropriate Distr Office	ict Sta	State of New Mexico				Form C-103			
District I - (575) 393-6161		nerals and Natu	ral Resources	Talent a		Revised July	18, 2013		
1625 N. French Dr., Hobbs, NM 88240				WELL A 30-025-			/		
811 S. First St., Artesia, NM 88210	11 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION				te Type of Leas	e			
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 874	410	1220 South St. Francis Dr.			STATE X FEE				
District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM					Oil & Gas Lease	e No.			
87505	1								
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-10 1) TO BE SCOPED  PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other Injector					Lease Name or Unit Agreement Name South Hobbs (GSA) Unit      Well Number 255				
2. Name of Operator					9. OGRID Number				
Occid	ental Permian Ltd.		2 0 2010	), odia	157984	l			
3. Address of Operator					10. Pool name or Wildcat				
P.O. Box 4294 Houston, TX 77210 RECEIVED					Hobbs (GSA)				
4. Well Location									
Unit Letter L		om the South			feet from the		_line		
Section 4			inge 38E	NMPM	Lea Coun	ty	Secretary of the last		
	3609.4' GR	how whether DR	KAB, KI, GR, el	(c.)					
12. Ch	eck Appropriate Box	to Indicate N	ature of Notice	e. Report or	Other Data				
PERFORM REMEDIAL WOR TEMPORARILY ABANDON PULL OR ALTER CASING	F INTENTION TO  K PLUG AND ABA CHANGE PLAN MULTIPLE CON	ANDON  s	REMEDIAL WO COMMENCE D CASING/CEME	ORK PRILLING OPN		RING CASI	NG 🗆		
DOWNHOLE COMMINGLE									
CLOSED-LOOP SYSTEM							_		
OTHER:  13. Describe proposed or	completed energtions (	Clearly state all	OTHER: Con		ant datas inal	ding sating	atad data		
	ed work). SEE RULE 1								
09/14/15 – perf'd 90	8 holes 4604' – 4902'								
09/15/15 – acid job v	vith 8600 gals 15% NE	FE							
09/15/15 - set pkr @	4574'								
09/16/15 - ran 2 7/8	" tubing @ 4565'								
Spud Date: 09/09/15 (I	RUPU)	Rig Release Da	te: 09/17/1	5 (RDPU)					
I hereby certify that the information	ation above is true and c	complete to the h	est of my knowled	dge and helief					
SIGNATURE WORL	Had		ulatory Coordinate			12/15/15	GB		
Type or print name April Hoo	d	E mail address	: April_Hood@	oxy com	DIIONE	713-366-	5771		
Type or print name April Hoo For State Use Only	<u> </u>	_ E-man address	April_1100d@	OAY.COIII	PHONE:	/ 13-300-	0//1		
	311	~ p	emoleum D.	*		/	/		
APPROVED BY:Conditions of Approval (if any	Lewing	TITLE P	Carrie Englis	AT .	DATE	12/17	115		

DEC 2 1 2015 B& 12/17/15