

Submit Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-39407
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator PO BOX 50250, Midland, TX 79710		7. Lease Name or Unit Agreement Name DEVON 8 FEE
4. Well Location Unit Letter <u>A</u> : <u>990'</u> feet from the <u>NORTH</u> line and <u>330'</u> feet from the <u>EAST</u> line Section <u>8</u> Township <u>25S</u> Range <u>28E</u> NMPM County <u>EDDY</u>		8. Well Number 1 H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3009</u>		9. OGRID Number 157984
		10. Pool name or Wildcat Hay Hollow Bone Spring, N

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

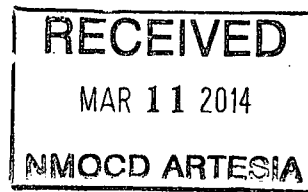
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Downsize Location ☒

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.

The location was downsized per attached site map.



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 HES Specialist

DATE 3-6-14

Type or print name

CHRIS JONES

E-mail address: Christopher\_Jones@oxy.com

PHONE: 575-628-4121

For State Use Only

APPROVED BY:

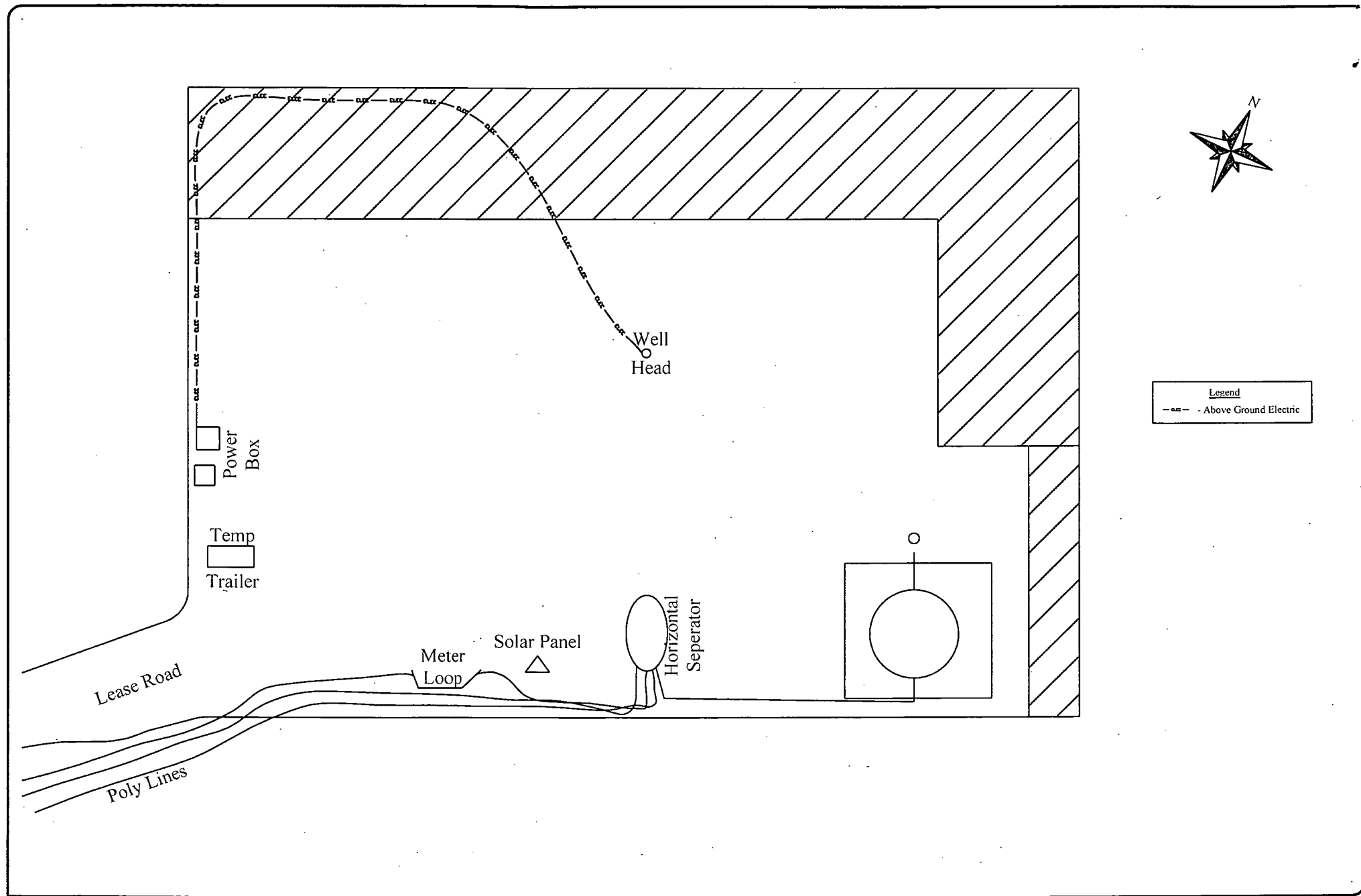
TITLE

Dr. J. S. Spewison

DATE

3/11/14

Conditions of Approval (if any):



Date: 09/11/2013

Scale: NTS

Drawn By: TJS

Devon 8 Fee #1H  
 Oxy - NM - North  
 Eddy County, New Mexico  
 Figure 1 - Site Plan