Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.		WELL API NO.	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			30-015-40248	
811 S. First St., Artesia, NM 88210			5. Indicate Type of	of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410			STATE [	
<u>District IV</u> – (505) 476-3460	Santa Fe, NM 875	05	6. State Oil & Gas	s Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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-101) FOR SUCH		7. Lease Name or Unit Agreement Name MCHAM 34 STATE		
PROPOSALS.)		8. Well Number		
1. Type of Well: Oil Well Gas Well Other		2		
2. Name of Operator OCCIDENTAL PERMIAN LTD		9. OGRID Number 157984		
3. Address of Operator		10. Pool name or Wildcat		
PO BOX 4294 HOUSTON, TEXA	S 77210		ARTESIA; GLOR	RIETA-YESO
4. Well Location	1,000			
Unit LetterG; _1725 fee	t from the NORTH line and _1749	feet from thel	EASTline	
Section 34 Tow	nship 17S Range 28E 1	NMPM EI	DDY County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3670			
12. Check A	Appropriate Box to Indicate Nat	ture of Notice,	Report or Other	Data
NOTICE OF IN	TENTION TO	SLIB	SEQUENT REI	PORT OF:
PERFORM REMEDIAL WORK		REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON			ILLING OPNS.	P AND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB 🔲	
DOWNHOLE COMMINGLE				
CLOSED-LOOP SYSTEM  OTHER:	_	OTHER: FIRS		lacktriangledown
	leted operations. (Clearly state all pe		ST GAS SALES d give pertinent date	s 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.				
				•
MCHAM 34 STATE #2 - FIRST GAS SALE DATE OF 02/08/13				
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	•			RECEIVED
				1
			j	APR 0 8 2014
_				MMOCD ARTESIA
Spud Date:	Rig Release Date	e:	Ļ	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE/AMAI	TITLE REGI	II ATODY TEO	U DATE	E 04/07/14
SIGNAT ORPHICAL NOW	TILE_REG	ULATORY TEC	HDAT	E04/07/14
Type or print name Jessica A. Shelta	E-mail address: <u>Jessica_sheltor</u>	n@oxy.com PH	ONE: 713-840-3011	
For State Use Only				
(/X U	' WILL 1)/3	1/10.00	16	4/0/14
APPROVED BY: U / Conditions of Approval (if any):	TITLE_70 S	Children	DA DA	TE/////