Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 882440BBS O District II - (575) 748-1283		WELL API NO. 30-025-37435
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 1 9	2012 1220 South St. Francis Dr.	STATE FEE
District IV - (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	ren	
SUNDRY NOTICES A	AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	O DRILL OR TO DEEPEN OR PLUG BACK TO A	North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.)	FOR PERMIT" (FORM C-101) FOR SUCH	Section 19
1. Type of Well: Oil Well 🛛 Gas V	Vell Other	8. Well Number 943
2. Name of Operator		9. OGRID Number: 157984
Occidental Permian Ltd. 3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323		10. Tool name of Wildeat Tioobs (5/5/1)
4. Well Location	*	
Unit Letter H: 2470 feet from the North line and 225 feet from the East line		
Section 19	Township 18S Range 38I	
	Elevation (Show whether DR, RKB, RT, GR, etc.	
	0.8 GL	
NOTICE OF INTEN PERFORM REMEDIAL WORK ☑ PLU TEMPORARILY ABANDON ☐ CHA	Priate Box to Indicate Nature of Notice, TION TO: IG AND ABANDON REMEDIAL WOR ANGE PLANS COMMENCE DRI LTIPLE COMPL CASING/CEMEN	SEQUENT REPORT OF: K
DOWNHOLE COMMINGLE		
_		
OTHER:	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.		
 POOH with prod equip. Clean out to 4407 Perforate from 4262-64 & 4271-8 Acid treat with 2340 gal. RIH with prod equipment Return well to production 	Conditions of Appro OCD requires the Ope	erator to complete a 24 hours production test
<u></u>	this well. Accompanie	-104 Request for Allowable before producting and by form C-103 Subsequent report with dates erfs producing from, along with tubing size
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 Stave Sna	TITLE_Lift Specialist	DATE <u>6/2712</u>
Type or print name _ Steve Snead For State Use Only	E-mail address: steve_snead@oxv.com	_
APPROVED BY: Conditions of Approval (if any):	TITLE DIST. MA	DATE 7-19-2012