Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO. 30-025-05474
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	STATE STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM		o. State Office Gas Lease 140.
87505	TEO AND REPORTS ON WELLS	
	ES AND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN, OR BUYG, BAGK TO A	7. Lease Name or Unit Agreement Name
	ATION FOR PERMIT" (FORM CFIOT) FOR SUCH	North Hobbs (G/SA) Unit Section 23
PROPOSALS.)	/	8. Well Number 331
	Gas Well Other MAR 1 5 2013	
2. Name of Operator	MINIT 2 9 2010	9. OGRID Number: 157984
Occidental Permian Ltd.		
3. Address of Operator	RECEIVED	10. Pool name or Wildcat Hobbs (G/SA)
2611 Plains Hwy Denver City, TX		
4. Well Location		
Unit LetterJ_:2310	feet from the South line and1650_	_feet from theEastline
Section 23	Township 18S Range 37	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3692 DF	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INT	1	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOF	
TEMPORARILY ABANDON 🗌	_	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	NT JOB 🔲
DOWNHOLE COMMINGLE		
OTHER:	☑ Deepen OTHER:	—
		nd give pertinent dates, including estimated date
	k). SEE RULE 19.15.7.14 NMAC. For Multiple Co	
proposed completion or reco		ompletions. Attach welloofe diagram of
proposed completion of reco	inplection.	
1) Clean out well to 4246' and continue to deepen to 4375'		
2) Acid treat per prog		
3) RIH with prod equipment		
4) Turn well to production		
,		
Smud Data	Die Deleser Deter	
Spud Date:	Rig Release Date:	
I house a said at the information of		11 8 6
i hereby certify that the information at	pove is true and complete to the best of my knowled	ge and belief.
11 9	' / /	
SIGNATURE TUNE	TITLE_Lift Specialist	DATE2/27/13
SIGNATURE OUT	TILE_LIII Specialist	DATE
Type or print name Steve Snead E-mail address:steve snead@oxy.com PHONE:806-592-6312		
For State Use Only		
(A)		
APPROVED BY:	TITLE DIST MA	DATE 3-18-20/
Conditions of Approval (if any):	The state of the s	

