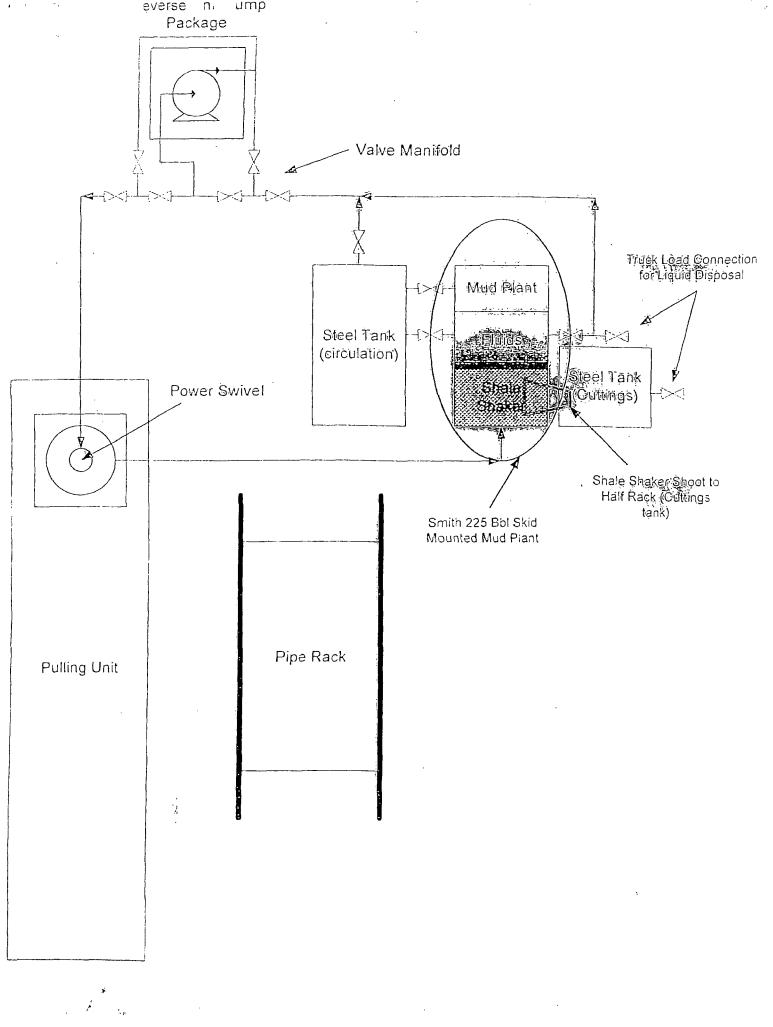
Submit 1 Copy To Appropriate District Office	State of New Me			orm C-103
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88246 DBBS OCD			Revised August 1, 2011 WELL API NO.	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-05464	
<u>District III</u> – (505) 334-6178 MAF	R 1 5 2013 1220 South St. Fran	ncis Dr.	5. Indicate Type of Lease 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 87505	ECEIVED			
SUNDRY NO	TICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreem	ent Name
	POSALS TO DRILL OR TO DEEPEN OR PLU LICATION FOR PERMIT" (FORM C-101) FO		North Hobbs (G/SA) Unit	
PROPOSALS.)			Section 23 8. Well Number 311	
1. Type of Well: Oil Well	Gas Well 🗌 Other		9. OGRID Number: 157984	
2. Name of Operator Occidental Permian Ltd.			9. UGKID Number, 157984	/
3. Address of Operator			10. Pool name or Wildcat Hob	bs (G/SA)
2611 Plains Hwy Denver City, T	X 79323			
4. Well Location				
Unit Letter B_:				~
Section 23	Township 18S	0	NMPM Lea	County
	3686' KB	, KKD, KT, UK, elc.)		
12. Check	Appropriate Box to Indicate N	ature of Notice, R	Report or Other Data	
	INTENTION TO:	SUBS	EQUENT REPORT OF:	
PERFORM REMEDIAL WORK I PLUG AND ABANDON REMEDIAL WORK				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL		
		CASING/CEMENT	JOB 🗌	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
	npleted operations. (Clearly state all p work). SEE RULE 19.15.7.14 NMAC			
proposed completion or r		•		
1) DO CIBP at 3900'				
2) Deepen to 4375'				
<ul> <li>3) Run 4 <sup>1</sup>/<sub>2</sub>" FJ liner from 3</li> <li>4) Log well</li> </ul>	800-4375'			
5) Perf/AT				
6) RIH with ESP prod equip				
7) Return well to Production	1			
				··•
		<u> </u>		
Spud Date:	Rig Release Da	ite:		
L		L		
I have he information	on above is true and complete to the be	ot of my knowledge	and hall of	
Thereby centry that the informatio	an above is true and complete to the be	est of my knowledge	and benef.	
4	$\langle \rangle$			
signature Stare	TITLE_ Lift Spec	cialist	DATE2/26/13	
Type or print name Steve Sne	ead F-mail address: ster	ve_snead@oxy_cc	om PHONE: _806-592-6312_	
For State Use Only		/	<u></u>	
S de	7 11/ 2	4000	- <b>C</b>	
APPROVED BY: Conditions of Approval (if any):	TITLE T	st. IVert	DATE B	ZOLZ
Conditions of Approval (II any):			0	
( 4	F			

MAR	1	9	2012
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