Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
D1 1 1 (555) 200 (101	Energy, Minerals and Natural Resources	Revised August 1, 2011
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	SOCD	WELL API NO.
Oll C Cinet Ct Antonia NIM 00010	OIL CONSERVATION DIVISION	30-025-34644
<u>District III</u> – (505) 334-6178	o 2012 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 8741 APK U <u>District IV</u> – (505) 476-3460	8 2013 1220 South St. Francis Dr. Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	341141 2,1111 0,100	o. State Off & Gas Lease No.
87505	EIVED	
	SAND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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		North Hobbs (G/SA) Unit
PROPOSALS.)		Section 29 8. Well Number 544
	s Well Other	/
2. Name of Operator		9. OGRID Number: 157984
Occidental Permian Ltd.  3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)
2611 Plains Hwy, Denver City, TX 79	1323	10. Foot hame of whiceat Hoods (G/SA)
* '	323	
4. Well Location		
	feet from theSouth line and1050	,
Section 29	Township 18S Range 38	
<ul> <li>(a) A B B C C C C Manage (1) (1) (2) (3) (4) (4) (4) (4) (4) (5) (5) (5) (6) (7)</li> </ul>	1. Elevation (Show whether DR, RKB, RT, GR, etc.	
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	646' GL	
10 (1 1 4	' D A T I' A NT A CNI A'	D ( OI D)
12. Check App	propriate Box to Indicate Nature of Notice,	, Report or Other Data
NOTICE OF INTE	NTION TO:	SSEQUENT REPORT OF:
	LUG AND ABANDON REMEDIAL WOR	
	<u> </u>	RILLING OPNS. P AND A
	IULTIPLE COMPL  CASING/CEMEN	<del>_</del>
DOWNHOLE COMMINGLE		
_	·	
OTHER:	OTHER:	
	d operations. (Clearly state all pertinent details, ar	
	SEE RULE 19.15.7.14 NMAC. For Multiple Co	empletions: Attach wellbore diagram of
proposed completion or recomp	detion.	
1. POOH with production equipm	ent	
2. Scan tbg		
3. Treat for conditions if necessar	y	
4. Run production equipment		
Spud Date:	Rig Release Date:	
I hereby certify that the information abo		
Thereby certify that the information abo	ve is true and complete to the best of my knowledge	ge and belief.
r nereos certify that the miormation abo	ve is true and complete to the best of my knowledge	ge and belief.
<del>(+</del> <		
signature Stue	ve is true and complete to the best of my knowledge Model TITLE Lift Specialist	ge and belief.  DATE 3/13/13
SIGNATURE Stue	TITLE_Lift Specialist	DATE 3/13/13 .
SIGNATURE Steve Snead _		DATE 3/13/13 .
SIGNATURE Stue	TITLE_Lift Specialist	DATE 3/13/13 .
SIGNATURE Steve Snead _ For State Use Only	TITLE_ Lift Specialist  E-mail address: steve_snead@oxy.cd	DATE 3/13/13 .
SIGNATURE Steve Snead _	TITLE_Lift Specialist	DATE 3/13/13 .

