Deligital -(375) 393-6161 Section Deligital -(375) 393-6161 Deligital -(375) 393-6161 Deligital -(375) 348-1233 OJL CONSERVATION DIVISION 30-025-24665 S. Indicate Type of Lease STATE	Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103	
Mode	Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources		
Olic Considerate Professional Consideration Olic Considerate Professional Consideration Olic Considerate Professional Consideration Olic Considerate Professional Consideration Olic Considerational Consideration Olic Considerational Considerat	1625 N. French Dr., Hobbs, NM 8	U		
1. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK Line And Down CHANGE PLANS CASING COMMENCE CHANGE PLANS CASING COMMENCE CHANGE PLANS CASING COMMENCE CHANGE PLANS CASING COMMENCE CASING COMMENCE PROPOSED CASING COMMENCE	<u>District II</u> – (575) 748-1283 811 S. First St. Artesia, NM 88210			
Santa Fe, NM 87505 Santa F	<u>District III</u> – (505) 334-6178 JAN 1 3 20	14 1220 South St. Francis Dr.		
120 S S Francis Dr. Santa Fc NN STORY NOTICES AND REPORTS ON WELLS 120 NOT USE THIS FORM FOR PROBABLY TO BRILL OR TO DEEPEN OR PER SECTION 120 NOT USE THIS FORM FOR PROBABLY TO BRILL OR TO DEEPEN OR PER SECTION 120 NOT USE THIS FORM FOR PROBABLY TO BRILL OR TO DEEPEN OR PER SECTION 120 NOTE USE THIS FORM FOR PROBABLY TO BRILL OR TO DEEPEN OR PER SECTION 120 NOTE 120	1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe. NM 87505		
SINDRY NOTICES AND REPORTS ON WELLS OB NOTUSE HIS FORM FOR PROCRASTS TO BURGED. OR TO PERFOR OR PLUG BACK TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PROMIT" (FORM C-101) FOR SUCH PROPOSALS] 1. Type of Well: Oil Well SQ Gas Well Other	1220 S. St. Francis Dr., Santa Fe, NM	A	o. State Off & Gas Lease No.	
DO NOT USE THIS FORM FOR PROPOSALS TO DRILL. OR TO DEFERENCE BACK TO A DIFFERENT RESERVOR. USE "APPROPOSALS") Type of Veil: Oil Well Gas Well Other				
Section 30 Section 40 Sec				
1. Type of Well: Oil Well: Qas Well Other R. Well Number 341 2. Name of Operator 90 10, Poof name or Wildeat 10, Po			` '	
341 2. Name of Operator 9. OGRID Number: 157984 Occidental Permian Ltd. 10. Pool name or Wildcat Hobbs (G/SA) Hobbs (G/SA) 10. Pool name or Wildcat Hobbs (G/SA) Hobbs (G/SA) 10. Pool name or Wildcat Hobbs (G/SA) 10				
2. Name of Operator Occidental Permian Ltd. 3. Address of Operator 2611 State Hwy 214 Denver City, TX 79323 4. Well Location Unit Letter O 990 feet from the South line and 1650 feet from the East line Section 30 Township 18S Range 38E NAPM Lea County 3646' GI. 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE PRILLING OPNS PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CHANGE OR PLUG OF STREET OF STREET OR COMMENCE OR PLUG OF STREET OR STREET O	1. Type of Well: Oil Well 🔀 Gas Well 📋 Other		1	
Occidental Permian Ltd. 10, Pool name or Wildcat 2611 State Hwy 214 Denver City, TX 79323 10, Pool name or Wildcat Hobbs (G/SA) 14, Well Location Unit Letter O 990 feet from the South line and 1650 feet from the East line Section 30 Township 18S Range 38E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3646* (Gl. 3646*	2. Name of Operator			
10. Pool name or Wildcat 10. Pool name or Wi			3. OGRab (Minoel: 13730)	
4. Well Location Unit Letter O : 990 feet from the South line and 1650 feet from the East line Section 30 Township 18S Range 38E NMPM Lea County			10. Pool name or Wildcat	
Unit Letter O 990 feet from the South line and 1650 feet from the East line Section 30 Township 188 Range 38E NMPM Lea County 11 11 12 15 11 13 14 15 15 15 15 15 15 15	2611 State Hwy 214 Denver City, TX	X 79323	Hobbs (G/SA)	
Section 30 Township 18S Range 38E NMPM Lea County 11. Elevation (Show whether DR. RKB, RT, GR. etc.) 11. Elevation (Show whether DR. RKB, RT, GR. etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 13. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS P AND A CASING/CEMENT JOB COMMENCE COMMINGLE OTHER: OTHER:	4. Well Location		,	
Section 30 Township 18S Range 38E NMPM Lea County 11. Elevation (Show whether DR. RKB, RT, GR. etc.) 11. Elevation (Show whether DR. RKB, RT, GR. etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 13. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS P AND A CASING/CEMENT JOB COMMENCE COMMINGLE OTHER: OTHER:	Unit LetterO :_ 990 1	feet from theSouth line and 1650	feet from theEastline /	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND BANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS PADD A CASING/CEMENT JOB PAND A CASING/CEMENT JOB PAND A CASING/CEMENT JOB CASING/CEMENT JOB PAND A C				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND ABANDON COMMENCE ORILLING OPNS ALTERING CASING COMMENCE ORILLING OPNS PAND A CASING COMMENCE ORILLING OPNS PAND A COMMENCE COMMENCE ORILLING OPNS PAND A COMMENCE OF ADDRESS OF ADDRE	3640	6' GL		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLUG AND ABANDON COMMENCE ORILLING OPNS ALTERING CASING COMMENCE ORILLING OPNS PAND A CASING COMMENCE ORILLING OPNS PAND A COMMENCE COMMENCE ORILLING OPNS PAND A COMMENCE OF ADDRESS OF ADDRE				
PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS ALTERING CASING COMMENCE DRILLING OPNS PAND A PAND A COMMENCE COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB DOWNHOLE COMMINGLE MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER:	12. Check Appro	priate Box to Indicate Nature of Notice	, Report or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS ALTERING CASING COMMENCE DRILLING OPNS PAND A PAND A COMMENCE COMMENCE DRILLING OPNS PAND A CASING/CEMENT JOB DOWNHOLE COMMINGLE MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: OTHER:	NOTICE OF INTENT	TION TO:	DOEGLIENT DEPORT OF	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A DULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB CASING/CEMENT JOB PAND A CASING/CEMENT JOB				
PULL OR ALTER CASING DOWNHOLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE CASING/CEMENT JOB	-			
DOWNHOLE COMMINGLE OTHER: OTHER: I3. 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. During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17 RUPU and POOH W/ESP equipment RIPU and Pooh Ripu and Ripu and	-			
OTHER: OTHER:	. —	CASING/CEME	NI JOB	
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. During this procedure we plan to use the closed-loop system with a steel RIPU and POOH W/ESP equipment RIPU and read for fill, CO if necessary Treat for conditions disposal per ODC Rule 19.15.17 RIPU and clean location Rig Release Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: APPROVED BY: MAC. For Multiple Completions: Attach wellbore diagram of proposed (if any to be starting any p	DOWNINGEE COMMUNICEE			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17 RIPU and POOH W/ESP equipment RIPU and POOH W/ESP equipment RIPU and required tank and haul contents to the required disposal per ODC Rule 19.15.17 RIPU and clean location Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: DATE 1/14/2014				
During this procedure we plan to use 1. RUPU and POOH W/ESP equipment 2. RIH W/bit and tag for fill, CO if necessary 3. Treat for conditions 4. Run ESP equipment 5. RDPU and clean location Rig Release Date: Rig Release Date:				
During this procedure we plan to use 1. RUPU and POOH W/ESP equipment 2. RIH W/bit and tag for fill, CO if necessary 3. Treat for conditions 4. Run ESP equipment 5. RDPU and clean location Rig Release Date: Rig Release Date:				
1. RUPU and POOH W/ESP equipment 2. RIH W/bit and tag for fill, CO if necessary 3. Treat for conditions 4. Run ESP equipment 5. RDPU and clean location Rig Release Date: Rig Release Date:	proposed completion of recomplet		ie e e e e	
2. RIH Wbit and tag for fill, CO if necessary 3. Treat for conditions 4. Run ESP equipment 5. RDPU and clean location Spud Date: Rig Release Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE SIGNATURE Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: APPROVED BY: Conditions of Approval (if and) TITLE Compliance Office DATE 1/14/2014				
3. Treat for conditions 4. Run ESP equipment 5. RDPU and clean location Rig Release Date: Rig Release Date:		·		
4. Run ESP equipment 5. RDPU and clean location Rig Release Date: Rig Release Date:	9 ,			
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 Show TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: Conditions of Approval (if anyly) Conditions of Approval (if anyly)		DC Rule 19.15.17		
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 TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: TITLE Compliance Office DATE 1/14/2014				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stave Snew TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: DATE 1/14/2014 Conditions of Approval (if and):	3. RDI o and clean location			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stave Snew TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: DATE 1/14/2014 Conditions of Approval (if and):				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stave Snew TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: DATE 1/14/2014 Conditions of Approval (if and):				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stave Snew TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: DATE 1/14/2014 Conditions of Approval (if and):				
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Stave Snew TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only APPROVED BY: DATE 1/14/2014 Conditions of Approval (if and):				
SIGNATURE Stave Snow TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only Approval (if and): Conditions of Approval (if and):	Spud Date:	Rig Release Date:		
SIGNATURE Stave Snow TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only Approval (if and): Conditions of Approval (if and):				
SIGNATURE Stave Snow TITLE Lift Specialist DATE 1/10/2014 Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only Approval (if and): Conditions of Approval (if and):				
Type or print name Steve Snead E-mail address: steve _snead@oxy.com PHONE:806-592-6312 APPROVED BY:	I hereby certify that the information above	is true and complete to the best of my knowled	ge and belief.	
Type or print name Steve Snead E-mail address: steve _snead@oxy.com PHONE:806-592-6312 APPROVED BY:	41	$C \setminus$		
Type or print name Steve Snead E-mail address: steve _snead@oxy.com PHONE:806-592-6312 APPROVED BY:	SIGNATURE STATE SAM	TING IN	1/10/2014	
APPROVED BY: Majey Shown TITLE Compliance Office DATE 1/14/2014 Conditions of Approval (if any):	SIGNATURE CONTROL	TITLE_ Lift Specialist	DATE <u>1/10/2014</u> .	
APPROVED BY: Majey Shown TITLE Compliance Office DATE 1/14/2014 Conditions of Approval (if any):	Type or print name Staye Speed	E mail address storie smood@	W 20m BUONE: 906 502 6212	
APPROVED BY: Maley Stown TITLE Compliance Office DATE 1/14/2014	For State Lice Only A A		· — — — — — — — — — — — — — — — — — — —	
Conditions of Approval (if anyl)	1 or State Osc Office	1 1 1		
Conditions of Approval (if anyl)	APPROVED BY: / Myly How	on TITLE Compliance. O	Ifue DATE 1/14/2014	
JAN 2 4 2014 (Conditions of Approval (if any):			
	V		JAN 2 4 2014 (