Submit I Copy To Appropriate District	State of New Mexico	Form C-103
District I – (575) 393-6161	y, Minerals and Natural Resources	Revised August 1, 2011
Office District I = (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II = (575) 748-1283		WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 FEB 21 2844 District III – (505) 334-6178	CONSERVATION DIVISION	30-025-07491
	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	S uma 1 3 , 1 m 2 0 0 0 0	6. State Off & Gas Lease No. 7
SUNDRY NOTICES AND F		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 PROPOSALS.)		North Hobbs (G/SA) Unit Section 31
1. Type of Well: Oil Well Gas Well [Other	8. Well Number
2. Name of Operator		9. OGRID Number: 157984
Occidental Permian Ltd. 3. Address of Operator		10. Pool name or Wildcat
2611 State Hwy 214 Denver City, TX 79323		Hobbs (G/SA)
4. Well Location		110000 (0/011)
	om the North line and 2310) feet from the East line
	nship 18S Range 38E tion (Show whether DR, RKB, RT, GR, or	
3649' GR		
12. Check Appropriate	e Box to Indicate Nature of Notic	ce, Report or Other Data
NOTICE OF INTENTION	1.70	IDOCOLICAT DEDODT OF
NOTICE OF INTENTION PERFORM REMEDIAL WORK ☑ PLUG AN	_	JBSEQUENT REPORT OF: ORK
TEMPORARILY ABANDON CHANGE		DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE		<u> </u>
DOWNHOLE COMMINGLE	- COMITE - CASING/GEM	EIVI 30B
BOWN TOLE COMMINGLE	, ,	
OTHER:	OTHER:	
		and give pertinent dates, including estimated date Completions: Attach wellbore diagram of
proposed completion of recompletion.	D	
	During th	is procedure we plan to use
1. RUPU and POOH W/ESP equipment	the closed	d-loop system with a steel
2. RIH W/bit and tag for fill. CO if necessary		fiaul contents to the required
3. Treat for conditions	disposal p	per ODC Rule 19.15.17
4. Run ESP equipment		•
5. RDPU and clean location		
Spud Date:	Rig Release Date:	
·		
I hereby certify that the information above is true	and complete to the best of my knowledge.	edge and belief.
. /		
SIGNATURE Stave Snew	TITLE Lift Specialist	DATE 2/20/2014
SIGNATURE TOUCH THE	E IIILE LIIt Specialist	DATE 2/20/2014 .
Type or print name Steve Snead	E-mail address: steve_snead@	oxy.com PHONE: 806-592-6312
For State Use Only	1	
APPROVED BY: Walue I Show	n TITLE Compliance	1 HILLA DATE 2/24/2014
Conditions of Approval (if any)	THE STIFE	DATE DATE