Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-39955 <b>/</b> 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	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		
	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
V	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	South Hobbs (G/SA) Unit
1. Type of Well: Oil Well	Gas Well  Other  HOBBS OCD	8. Well Number 248
Name of Operator     Occidental Permian Ltd.	MAY 09 2014	9. OGRID Number: 157984
3. Address of Operator		10. Pool name or Wildcat
2611 State Hwy 214 Denver Ci	ity, TX 79323 RECEIVED	Hobbs (G/SA)
4. Well Location	RECEIVED	
	25feet from theNorth line and455	_feet from theWestline
Section 9	Township 19S Range 38E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3601.7' GR	c.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
TEMPORARILY ABANDON		<del></del>
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEME	NI JOB
OTHER:	□ OTHER:	
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.		
proposed completion of fee	•	procedure we plan to use
	<b>.</b>	oop system with a steel
1. RUPU and POOH W/ESP equipment tank and haul contents to the required		
2. Freat for conditions found if necessary		
5. Kull Est equipment		
4. RDPU and clean location		
	·	
Spud Date:	Rig Release Date:	
L		
I hereby certify that the information	above is true and complete to the best of my knowled	lge and belief.
SIGNATURE Store Now TITLE Lift Specialist DATE 5/7/2014		
Type or print name Steve Snead E-mail address: steve_snead@oxy.com PHONE: _806-592-6312 For State Use Only		
$\sim M$ 1 $\sim M$		
APPROVED BY: Y LAGUEST SUPERVISOR DATE 5/13/2014		
Conditions of Approval (if any):		
MAY \$ 3 2014		
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