Submit I Copy To Appropriate District Office State of New Mexi	
District I – (575) 393-6161 Energy, Minerals and Natura	Resources Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District III – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 HOBBS OCD 1220 South St. Franci	DIVISION 30-025-26119
District III - (505) 334-6178 HOBBS OCD 1220 South St. Franci	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 Santa Fe, NM 8750	STATE STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Famor 2 1 2014	6. State Off & Gas Lease No.
07303	*
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPERTY OF DO DRILL OR TO DEEPEN OR PLUG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number
2. Name of Operator	9. OGRID Number: 157984
Occidental Permian Ltd.	3. Odkib Namoci. 137301
3. Address of Operator	10. Pool name or Wildcat
2611 State Hwy 214 Denver City, TX 79323	Hobbs (G/SA)
4. Well Location	` '
Unit Letter J: 1925 feet from the South line a	and 2380 feet from the East line
Section 4 Township 19S Range 3 11. Elevation (Show whether DR, R	
3609' GL	RD, RT, OR, etc.)
12. Check Appropriate Box to Indicate Nat	ure of Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
	REMEDIAL WORK
·· -	COMMENCE DRILLING OPNS P AND A
_	CASING/CEMENT JOB
DOWNHOLE COMMINGLE	DASING/CEMENT JOB
DOWNHOLE COMMININGLE	
OTHER:	OTHER:
13. Describe proposed or completed operations. (Clearly state all per	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. proposed completion or recompletion.	For Multiple Completions: Attach wellbore diagram of
	During this present districts
A PARTY I POOL WATER	During this procedure we plan to use
1. RUPU and POOH W/ESP equipment the closed-loop system with a steel	
2. RIH W/bit and CO to CIBP @ 4230' tank and haul contents to the required	
3. Treat for conditions found if necessary disposal per ODC Rule 19.15.17	
4. Replace tbg5. Run ESP equipment	
5. Run ESP equipment6. RDPU and clean location	
o. RDr o and clean location	
Can'd Date:	
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 STATE LIFT Specialist DATE 5/20/2014	
SIGNATURE OLD TITLE Lift Specialist DATE 5/20/2014	
The anniet name Stavia Smood Provide Smood Carry aread Carry and Discours 906 500 (212)	
Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312	
For State Use Only	
For State Use Only	
The state of the s	5. Supervisor DATE 5/22/2014
APPROVED BY: Walund Shown title Dist	5. Supervior DATE 5/22/2014
The state of the s	J. Supervior DATE 5/22/2014 MAY 2 2 2014