Submit 1 Copy To Appropriate District Office		ew Mexico	Form C-103	
District I – (575) 393-6161	Energy, Minerals an	d Natural Resources	Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-025-37235		
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE		
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, 1	NM 87505	6. State Oil & Gas Lease No.	
87505				
(DO NOT USE THIS FORM FOR PROPOSE DIFFERENT RESERVOIR. USE "APPLICE OF THE PROPOSE OF THE PROPOS		N OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	HOBBS OCD	8. Well Number 627	
2. Name of Operator Occidental Permian Ltd.		JUN 1 3 2014	9. OGRID Number: 157984	
3. Address of Operator			10. Pool name or Wildcat	
2611 State Hwy 214 Denver Ci	ty, TX 79323	RECEIVED	Hobbs (G/SA)	
4. Well Location			. /	
Unit LetterL_:18	370feet from theSoutl	h line and1298_	feet_from theWestline	
Section 19	Township 18S		NMPM Lea County	
	11. Elevation (Show wheth	her DR, RKB, RT, GR, etc		
	3661' GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ⊠	PLUG AND ABANDON [REMEDIAL WOR		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A			ILLING OPNS. P AND A	
PULL OR ALTER CASING	MULTIPLE COMPL	☐ CASING/CEMEN	IT JOB 🔲	
DOWNHOLE COMMINGLE				
OTHER:		OTHER:	П	
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 rec	ompletion.			
		During this proc	edure we plan to use	
1. RUPU and POOH W/ESP 6	equipment		the closed-loop system with a steel	
2. RIH W/bit and tag for fill			tank and haul contents to the required	
3. CO and Treat if necessary		disposal per OD	disposal per ODC Rule 19.15.17	
4. Run ESP equipment		1 7	, , , , , , , , , , , , , , , , , , ,	
5. RDPU and clean location				
•				
	D' D 1			
Spud Date:	Rig Rel	ease Date:		
I hereby certify that the information	above is true and complete t	o the best of my knowledge	re and helief	
Thereby certify that the information	above is true and complete t	to the best of my knowledg	ge and benefi.	
SIGNATURE				
Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312				
For State Use Only A E-mail address. <u>steve_shead(@oxy.com</u> PHONE: <u>800-392-0312</u>				
Mal Dekan a Niet Carl				
APPROVED BY: 1 MULLY NOW TITLE DOG. Suffer Land DATE Le 16/014				
Conditions of Approval (if any):				
V			# JUN X VOIA	