| Submit 1 Copy To Appropriate District Office  | State of New Mexico<br>Energy, Minerals and Natural Resources |                                       | Form C-103                              |                   |
|---|---|---------------------------------------|---|-------------------|
| <u>District I</u> – (575) 393-6161  |   |                                       |   | ed August 1, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II – (575) 748-1283   |   | WELL API NO.<br>30-025-28338          | V                                       |                   |
| 811 S. First St., Artesia, NM 88210   | 88210 OIL CONSERVATION DIVISION                               |                                       | 5. Indicate Type of Lease               |                   |
| District III - (505) 334-6178   | 1220 South St. Francis Dr.                                    |                                       | STATE FE                                | RE 🗆              |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460   |   |                                       | 6. State Oil & Gas Lease N              |                   |
| 1220 S. St. Francis Dr., Santa Fe, NM   |   |                                       |   |                   |
| SUNDRY NOTICE   | TEC AND REPORTS ON WEI  | 10                                    | 7. Lease Name or Unit Agre              | coment Name       |
| SUNDRY NOTICES AND REPORTS ON WELLS  (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 |   |                                       | South Hobbs GSA Unit                    | eement Name       |
|   |   |                                       | 8. Well Number                          |                   |
| PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other   |   |                                       | 135                                     | 1/                |
| 2. Name of Operator   |   |                                       | 9. OGRID Number: 157984                 | 1                 |
| Occidental Permian Ltd.   |   | JUL 03 2014                           | 7. OGRID Number: 13776-                 | 1                 |
| 3. Address of Operator  |   | · · · · · · · · · · · · · · · · · · · | 10. Pool name or Wildcat                |                   |
| 2611 State Hwy 214 Denver City  | y, TX 79323   | RECEIVED                              | Hobbs (G/SA)                            |                   |
| 4. Well Location  | ··  | MECEIVED                              |   |                   |
| Unit Letter F : 255   | 8 feet from the North   | line and 1353                         | feet from the West lin                  | ne /              |
| Section 4 Township 19S Range 38E NMPM Lea County $\nu$  |   |                                       |   | unty V            |
|   | 11. Elevation (Show whether                                   |                                       |   |                   |
|   | 3609' GR  |                                       |   |                   |
|   |   |                                       |   |                   |
| 12. Check At  | ppropriate Box to Indicate                                    | e Nature of Notice,                   | Report or Other Data                    |                   |
|   |   |                                       | _                                       |                   |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |   |                                       |   |                   |
|   |   |                                       |   | IG CASING 🔲       |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A  |   |                                       |   |                   |
| <del></del> -   | MULTIPLE COMPL  | CASING/CEMEN                          | I JOB                                   |                   |
| DOWNHOLE COMMINGLE  |   |                                       |   |                   |
| OTHER:  |   | OTHER:                                |   |                   |
| 13. Describe proposed or comple   |   |                                       |   |                   |
|   | k). SEE RULE 19.15.7.14 NN                                    | MAC. For Multiple Co                  | mpletions: Attach wellbore di           | agram of          |
| proposed completion or reco   | mpletion.   |                                       |   |                   |
|   |   | During this                           | s procedure we plan to use              |                   |
| 1 RUPU and POOH W/Ream equipment +be closed   |   |                                       | -loop system with a steel               |                   |
| 2. Tag for fill tank and h  |   |                                       | naul contents to the require            | èd                |
| 3. CO and Treat if necessary disposal per ODC Rule 19.15.17   |   |                                       |   |                   |
| 4. Run Beam equipment   |   | dishosai b                            | (C) |                   |
| <ol><li>RDPU and clean location</li></ol>   | ,   |                                       |   |                   |
|   |   |                                       |   |                   |
|   |   |                                       |   |                   |
|   |   |                                       |   |                   |
|   |   |                                       |   |                   |
| Spud Date:  | Rig Release   | - Date:                               |   |                   |
| Space Bate.   | - Kig Keleust   | Bute.                                 |   |                   |
|   |   |                                       |   |                   |
| I hereby certify that the information al  | pove is true and complete to the                              | e best of my knowledg                 | ge and belief.                          |                   |
|   |   |                                       | •                                       |                   |
| <-  |   |                                       |   |                   |
| SIGNATURE DIVE  | TITLE_Lit   | ft Specialist                         | date <u> 7/1/2014</u>                   | <u>-</u>          |
|   |   | 10                                    | 006 500                                 | (210              |
| Type or print name Steve Snead  | E-mail addres   | s: <u>steve_snead@ox</u>              | <u>y.com</u> PHONE. <u>806-592</u>      | -6312             |
| For State Use Only  |   |                                       |   |                   |
| APPROVED BY: Walley Drown TITLE DIST Supervisor DATE 7/9/2014   |   |                                       |   |                   |
| Conditions of Approval (if any):  |   |                                       |   |                   |
|   |   | -411                                  | 11 .0                                   | \ \ \             |
|   |   | 10                                    | JL 0 9 2014                             | the               |
|   |   |                                       |   | 11 11             |