Office	State of New Mexico			Form C-103
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natural Reso	ources		ed August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		1 ~	WELL API NO. 30-025-29065	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVIS	NON /	5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			EE 🗌
District IV – (505) 476-3460	Santa Fe, NM 87505	(6. State Oil & Gas Lease N	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agr	reement Name
	LS TO DRILL OR TO DEEPEN OR PLUG BACK		North Hobbs (G/SA) Unit	content (value
DIFFERENT RESERVOIR. USE "APPLICA"	TION FOR PERMIT" (FORM C-1941) OPPS WEFT		Section 33	
PROPOSALS.) 1. Type of Well: Oil Well ⊠. G.	as Well Other		8. Well Number 213	
2. Name of Operator	SEP 0.9 2	.014	9. OGRID Number: 157984	4
Occidental Permian Ltd.	SEL		7. OOKID Humber. 15776-	•
3. Address of Operator		IED I	10. Pool name or Wildcat	Hobbs (G/SA)
2611 State Hwy 214 Denver C	ity, TX 79323 RECEIV			`
4. Well Location				
Unit Letter C: 1300	feet from the North line and	2455	feet from the West li	ine
Section 33	Township 18S Rang		NMPM Lea	County
1	11. Elevation (Show whether DR, RKB, R	·		Carrier 1
	3645° GR	1, 011, 010.9		
12. Check Ap	propriate Box to Indicate Nature of	f Notice, R	eport or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
			EQUENT REPORT (
		DIAL WORK	ING OPNS. □ P AND A	IG CASING 🗍
	_	G/CEMENT J		Ц
DOWNHOLE COMMINGLE	MOLTIPLE COMPL CASIN	G/CEIVIEINT J	OB LI	
DOWNHOLE COMMININGLE				
OTHER:	☐ OTHE	R:		
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.				
1) POOH w/ ESP equip		-		
2) Clean out to 4328' PBTD	During this procedure we plan to use			
3) Acid treat with 3500 gallons per prog the closed-loop system with a steel				
4) RIH with ESP equipment tank and haul contents to the required				
5) Return well to production	disposal p	er ODC Rule	19.15.17	•
	-	•	•	
•				
Spud Date:	Rig Release Date:			
I hereby certify that the information ab	ove is true and complete to the best of my	knowledge a	and belief.	
SIGNATURE Steve TITLE Lift Specialist DATE 9/21/2014				
SIGNATURE DATE JIZITZOTA				
Type or print name Steve Snead E-mail address steve_snead@oxy.com PHONE: _806-592-6312				
For State Use Only				
APPROVED BY: Maley Strawn TITLE Dist. Supervisor DATE 9/15/2014				
APPROVED BY: THE STATE DATE 4/15/2014 Conditions of Approval (if any):				
COMMUNICUS DE ADDITIVATE LA ADVITA		-	-	

SEP 1 5 2014

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