Submit 1 Copy To Appropriate District Office		State of New Me		Form C-103		
<u>District I</u> – (575) 393-6161	<b>Q</b> , ,	Energy, Minerals and Natural Resources			Revised July	18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			DIVICION	WELL API NO. 30-025-28941		
District III – (505) 746-125 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178  OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Ty	pe of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410			STATE			
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, 87505		Sania Fe, INIVI 8	7303	6. State Oil &	Gas Lease No.	
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-10 MOBISSION PROPOSALS.)				7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit Section 29  8. Well Number 323		
1. Type of Well: Oil Well X Gas Well Other						
Name of Operator Occidental Permian Ltd.  NOV 1 9 2014				9. OGRID Number 157984		
3. Address of Operator P.O. Box 4294 Houston, TX 77210		RECEIVED		10. Pool name or Wildcat Hobbs (GSA)		
4. Well Location						
Unit Letter G	: 2540 feet	from the North	line and	2500 feet i	from the <u>East</u>	line
Section 29			ange 38E	NMPM Lea	_	
			RKB, RT, GR, etc	.)		
12 (	Check Appropriate B	ox to Indicate N	lature of Notice	Report or Oth	er Data	
	** *		,	•		
	OF INTENTION T			SEQUENT F		
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORL						_
TEMPORARILY ABANDON					P AND A	
DOWNHOLE COMMINGLE	<del>_</del>		OAGING/CEIVIEI	11300		
CLOSED-LOOP SYSTEM						
OTHER:	· · · · · · · · · · · · · · · · · · ·		OTHER:			
	or completed operations posed work). SEE RULI on or recompletion.					
	1					
MI x RU pulling unit	. ND WH x flow li	ne x NU BOP.	RU spooler x	POOH with ESF	equipment x to	ubing. L
ESP equipment x RIH						
400 ESP equipment on						
BOP x NU WH x flowli						
		•				
				·		
Spud Date: 10/1/14	(BIIDII)	Rig Release D	ate: 10/3/14	(RDDII)		
10/1/14	(1070)	146 14010450 2	10/3/14	(1000)		
I hereby certify that the info	rmation above is true an	d complete to the b	est of my knowled	ge and belief.	<u> </u>	
	12/	1				
SIGNATURE ME	II NOOD	TITLE Reg	ulatory Coordinato	<u> </u>	DATE 11/17/14	
Type or print name April F	food	E-mail addres	s: April_Hood@	oxy.com	PHONE: 713-366	-5771
For State Use Only	. <i>Q</i>	<u>``</u> -	1 ~		. 1 1	,
APPROVED BY: OCONDITION OF Approval (if a		UTITLE DE	st. Supe	wise	DATE 11/19/2	2014
**	U					

NOV 1 9 2014'