Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resource	I WELL ADING
<u>District II</u> – (575) 748-1283	OIL CONSERVATION DHOSES	30-025-28340
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 8750 a0V 2	5 2014 STATE STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa 1 C, 14141 6750 plo 4	6. State Oil & Gas Lease No.
87505	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS	ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO ATION FOR PERMIT" (FORM C-101) FOR SUCH	
_	Gas Well Other	8. Well Number
Name of Operator Occidental Permian Ltd.		9. OGRID Number: 157984
3. Address of Operator		10. Pool name or Wildcat
2611 State Hwy 214 Denver Cit	y, TX 79323	Hobbs (G/SA)
4. Well Location		
		1180feet from theEast line
Section 4	Township 19S Range 38E 11. Elevation (Show whether DR, RKB, RT, C	NMPM Lea County
	3612.2' GL	m, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF IN	FENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK 🗵	PLUG AND ABANDON REMEDIAL	<u> </u>
TEMPORARILY ABANDON		CE DRILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/C	EMENT JOB
·		
OTHER:	OTHER:	
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 PLIDII and DOOH W/FSD againment		
 RUPU and POOH W/ESP equipment RIH W/bit and CO During this procedure we plan to use 		
3. Treat if necessary the closed-loop system with a steel		
4. Run ESP equipment tank and haul contents to the required		
5. RDPU and clean location	• •	
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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 Store S	TITLE_ Lift Specialist_	DATE 11/21/2014 .
Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312 For State Use Only		
APPROVED BY:		