Submit 1 Copy To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resource	Form C-103 Revised August 1, 2011
District 1 – (575) 393-6161 Energy, Minerals and Natural Resource 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283	30-025-37266
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease
	STATE FEE
District IV – (505) 476-3460 Santa Fe, NM 87505	5 2014 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	CEIVED 7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit Section 4
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other	8. Well Number
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984
3. Address of Operator	10. Pool name or Wildcat
2611 State Hwy 214 Denver City, TX 79323	Hobbs (G/SA)
4. Well Location	
Unit Letter_F :_ 1660_feet from theNorth line and2106_feet from theWest line	
Section 24 4 Township 19S Range 38E NMPM Lea County	
3616 GR'	JR, elc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK Z PLUG AND ABANDON Z REMEDIAL WORK Z ALTERING CASING	
PULL OR ALTER CASING MULTIPLE COMPL CASING/C DOWNHOLE COMMINGLE	
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. RUPU and POOH W/ESP equipment	
	is procedure we plan to use
3. Treat if necessary the closed	l-loop system with a steel
4. Run ESP equipment tank and l	haul contents to the required
5. RDPU and clean location disposal p	per ODC Rule 19.15.17
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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 kn	lowledge and belief.
SIGNATURE STREE TITLE Lift Specialist DATE 11/24/2014	
Type or print name Steve Snead E-mail address: steve_snead@oxy.com PHONE: <u>806-592-6312</u> For State Use Only	
APPROVED BY:	
DEC 01-2014	