Submit I Copy To Appropriate District State of New Mexico Form C-103 Office Revised August 1, 2011 Energy, Minerals and Natural Resources District I - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-025-35527 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease District III - (505) 334-6178 1220 South St. Francis Dr. STATE | FEE  $\square$ 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 Federal Well 1220 S. St. Francis Dr., Santa Fe, NM 6. State Oil & Gas Lease No. 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A North Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH Section 29 HOBBSOCD PROPOSALS.) 8. Well Number Gas Well Other 814 <u>.1AN 1 2 2015</u> 2. Name of Operator 9. OGRID Number: 157984 Occidental Permian Ltd. 3. Address of Operator 10. Pool name or Wildcat RECEWED 2611 State Hwy 214 Denver City, TX 79323 Hobbs (G/SA) 4. Well Location Unit Letter M: 819 feet from the South feet from the West line line and Section Township 18S 38E NMPM Lea County Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3644' GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ⊠ PLUG AND ABANDON REMEDIAL WORK ALTERING CASING □ TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB **PULL OR ALTER CASING** MULTIPLE COMPL DOWNHOLE COMMINGLE П  $\Box$ 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. During this procedure we plan to use the closed-loop system with a steel 1. RUPU and POOH W/ESP equipment tank and haul contents to the required 2. RIH W/bit and tag for fill 3. C/O and Acidize well disposal per ODC Rule 19.15.17 4. RIH W/ESP eamt RDPU and clean location Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE Lift Specialist DATE 1/6/2015 Type or print name \_\_ Steve Snead \_\_ \_\_ E-mail address: steve snead@oxy.com PHONE: \_806-592-6312

For State Use Only

APPROVED BY:

Conditions of Approval (if any

JAN 2 0 2015

Petroleum Engineer