

Submit 1 Copy To Appropriate District Office
 District I -- (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II -- (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III -- (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV -- (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-07490 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 31 ✓
8. Well Number 411 ✓
9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)

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-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other **HOBBSOCD**

2. Name of Operator
Occidental Permian Ltd. ✓ **JAN 26 2015**

3. Address of Operator
2611 State Hwy 214 Denver City, TX 79323 **RECEIVED**

4. Well Location
 Unit Letter A : 330 feet from the North line and 330 feet from the East line
 Section 31 Township 18S Range 38E NMPM Lea County ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3645' GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- RUPU and POOH W/ESP equipment
- RIH W/bit and tag for fill
- Treat for conditions found if necessary
- RIH W/ESP eqmt
- RDPU and clean location

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

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 Steve Snead TITLE Lift Specialist DATE 1/23/2015

Type or print name Steve Snead E-mail address: steve_snead@oxy.com PHONE: 806-592-6312
 For State Use Only

APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 1/28/2015
 Conditions of Approval (if any):

JAN 29 2015 *jm*