Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION		Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240			Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-36216
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE □
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			North Hobbs (G/SA) Unit
PROPOSALS.)		Section 30 8. Well Number	
1. Type of Well: Oil Well	Gas Well Other	HOBBSOCD	525
2. Name of Operator Occidental Permian Ltd.	,	FEB 0 9 2015	9. OGRID Number: 157984
3. Address of Operator		LED An gain	10. Pool name or Wildcat
2611 State Hwy 214 Denver C	city, TX 79323		Hobbs (G/SA)
4. Well Location			
Unit Letter K : 1947 feet from the South line and 2139 feet from the West line			
Section 30	Township 18S 11. Elevation (Show whether	Range 38E	NMPM Lea County
·	3652' 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 ☐			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			
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.			
proposed compression or re-	F	_	
+ DIDII DOCITII/DOD ' .			edure we plan to use
1. RUPU and POOH W/ESP equipment the closed-loop s 2. RIH W/bit and tag for fill tank and have so		•	
3. Treat for conditions found if necessary		ontents to the required C Rule 19.15.17	
4. RIH W/ESP eqmt 5. RDPU and clean location			
5. Test o und croun rounding			
		•	
		_	
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 (Stare March TITLE Lift Specialist DATE 2/5/2015			
Type or print name Steve Snead E-mail address: steve snead@oxy.com PHONE: 806-592-6312			
Type or print name Steve Snew For State Use Only	ad E-mail addre	ss: steve_snead(@)ox	y.com_PHONE: <u>806-592-6312</u>
Bothodown Engineer			
APPROVED BY: DATE 02/10/16			
Conditions of Approval (if any):	_		