Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District</u> II – (575) 748-1283	1625 N. French Dr., Hobbs, NM 88240 District II = (575) 748-1283		WELL API NO. 30-025-36247
811 S. First St., Artesia, NM 88210	OIL CONSERVATION		5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr.		STATE FEE	
District IV - (505) 476-3460	(505) 476-3460 Santa Fe, NM 8/505		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 STANDING DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			North Hobbs (G/SA) Unit
PROPOSALS.)			Section 30
1. Type of Well: Oil Well ☑ Gas Well ☐ Other			8. Well Number
2. Name of Operator / FEB 1 9 2015		9. OGRID Number: 157984	
Occidental Permian Ltd. 3. Address of Operator		10. Pool name or Wildcat	
2611 State Hwy 214 Denver City, TX 79323			Hobbs (G/SA)
(A)			<u> </u>
4. Well Location Unit Letter N : 627 feet from the South line and 1782 feet from the West line			
Section 30 Township 18S Range 38E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3649' 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			
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.			
During this procedure we plan to use			
During this procedure we plan to de-			ocedure we plan to abo
1. Koro and room will end bould			contents to the required
2. Treat for conditions found if necessary tank and right			ODC Rule 19.15.17
3. RIH W/ESP eqmt disposal per ODC Rule 19.15.17 4. RDPU and clean location			
4. RDI O und cicum focution			
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Spud Date: Rig Release Date:			
Trig Noteuse Bute.			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE (Store Note TITLE Lift Specialist DATE 2/18/2015			
SIGNATURE DATE 2/10/2015			
Type or print nameSteve Snead E-mail address: steve_snead@oxy.com_PHONE: 806-592-6312			
For State Use Only			
APPROVED BY: TITLE Petroleum Engineer DATE 02/20/15			
APPROVED BY:			
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