Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised August 1, 2011
Energy, Minerals and Natural Resources 625 N. French Dr., Hobbs, NM 88240		rai Resources	WELL API NO.
811 S. First St., Ártesia, NM 88210			30-025-23415 / 5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476 2460	Santa Fe, NM 87		STATE 🗌 FEE 🖾
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
	ICES 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 BS OCD PROPOSALS.)			South Hobbs (G/SA) Unit
1. Type of Well: Oil Well Gas Well Other SEP 3 0 2015			8. Well Number
2. Name of Operator	\$	EP 30 ZUM	86 9. OGRID Number: 157984
Occidental Permian Ltd.	/	RECEIVED	10. Pool name or Wildcat
3. Address of Operator2611 State Hwy 214 Denver C	ity, TX 79323	REVENCES	Hobbs (G/SA)
4. Well Location			
Unit Letter K_: 2310 feet from the South line and 1650 feet from the West line			
Section 10 Township 19S Range 38E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3607' DF			
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			
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.			
			this procedure we plan to use the closed-
 Treat if necessary RIH W/ESP eqmt 			stem with a steel tank and haul contents to uired disposal per ODC Rule 19.15.17
4. RDPU and clean location			
5.			
			
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Spud Date:	Rig Release Da	te:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE <u>Steve</u> <u>Steve</u> <u>Steve</u> <u>TITLE</u> Lift Specialist <u>DATE</u> <u>9/24/2015</u> .			
Type or print name Steve Snead E-mail address: steve_snead@oxy.com_PHONE:806-592-6312			
For State Use Only			
APPROVED BY: Majer A Jown FITLE Dist Supervisor DATE 10/1/2015 Conditions of Approval (if any):			
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OCT 0 7 2015