Submit 1 Copy To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103
District 1 - (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	OIL CONSERVATION DIV	VISION	30-025-07447
District III - (505) 334-6178	1220 South St. Francis I	Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FEE Federal Well
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa FC, FWF 07505		6. State Oil & Gas Lease No.
87505			o. Suite on de Gus Ecuse No.
	ES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	LS TO DRILL OR TO DEEPEN OR PLUG BA		North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Section 29
	as Well 🗌 Other:		8. Well Number: 29-131 /
2. Name of Operator	DEC	0 3 2015	9. OGRID Number: 157984
Occidental Permian Ltd. 3. Address of Operator			10. Pool name or Wildcat Hobbs (G/SA)
2611 State Hwy 214 Denver C	ty TX 79323	CENCO	10. Pool name of wildcat Hobos (G/SA)
4. Well Location	KE	CEIVED	
	0feet from theSouth line and	990	feet from the West line
Section 29		ange 38E	
	11. Elevation (Show whether DR, RKB	0	
	3650' (KB)		
12. Check Ap	propriate Box to Indicate Nature	e of Notice,	Report or Other Data
TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS	MEDIAL WOR	LLING OPNS. P AND A
DOWNHOLE COMMINGLE			
OTHER:		HER:	
	c). SEE RULE 19.15.7.14 NMAC. Fo		d give pertinent dates, including estimated date mpletions: Attach wellbore diagram of
1. Pull ESP Equipment			
During this procedure we plan to and			
3 Perforate 4107-4192' (gross interval) per prog			
4. Acid treat all new & existing perfs per prog tank and haul contents to the required			
5. Install new ESP equipment disposal per ODC Rule 19.15.17			
6. Return well to production			
Spud Date:	Rig Release Date:		
I hereby certify that the information ab	and complete to the best of	mu knowledg	a and haliaf
Thereby certify that the information at	ove is true and complete to the best of	my knowledg	e and benef.
11	1 (		
SIGNATURE Sture c	Sneed TITLE_ Lift Speci	ialistDA	TE_12/6/2015
		10	
Type or print name Steve Snea	d E-mail address steve_snead	d(a)oxy.com	PHONE:_ 806-592-6312
For State Use Only	/	Engina	er / /
APPROVED BY:	TITLE Petrole	eum Engine	DATE 12/03/1
Conditions of Approval (if any):	/		