	F C 102
Submit 1 Copy To Appropriate District State of New Mexico Office Energy Minerals and Natural Resources	Form C-103 Revised July 18, 2013
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
$\frac{\text{District II}}{\text{District II}} = (575)748-1283$	30-025-29892
811 S. First St., Artesia, NM 88210OIL CONSERVATION DIVISIONDistrict III – (505) 334-61781220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Sonta Fa NM 87505	STATE × FEE 6. State Oil & Gas Lease No.
District IV – (505) 476-3460 Salita FC, 1111 87505 1220 S. St. Francis Dr., Santa Fe, NM	0. State Off & Gas Lease No. 19552
87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	South Hobbs Unit (G/SA)
1. Type of Well: Oil Well I Gas Well I Other HOBBS OCD	8. Well Number 221
2. Name of Operator	9. OGRID Number
Occidental Permian Ltd	157984
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 4294, Houston, TX 77210	Hobbs (G/SA)
4. Well Location	2411 feet from the West line
Section 4 Township 19S Range 38E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea
3610' GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A PULL OR ALTER CASING PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PULL OR ALTER CASING	
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.	
5/11 - 5/12 6/29 - 7/1	
MIRU x NDWH x NUBOP MIRU x NDWH x NUBOP	
RD x NDBOP x NUWH	
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Spud Date: 05/11/16 Rig Release Date: 07/01/16	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
a dal and	
SIGNATURE JANUATITLE Regulatory Coordinator DATE 07/26/2016	
Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771	
For State Use Only NO 1 18	
APPROVED BY: Maley Stownertle Dist Supervisor Date 8/4/2016	
Conditions of Approval (if any):	
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