Submit 1 Copy	To Appropriate Distr	rict	State of Ne	w Mex	ico			Form C-103		
Office Energy Minerals and Natural Resources							Revised July 18, 2013			
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St. Arteeia NM 88210							WELL API NO. 30-025-28881			
811 S. First St.,	Artesia, NM 88210		5. Indica	5. Indicate Type of Lease						
District III – (50 1000 Rio Brazo	os Rd., Aztec, NM 87	4AdJG 2 6 2016		STATE FEE X						
<u>District IV</u> – (50 1220 S. St. Fran		~ 0 2010		<ol> <li>State Oil &amp; Gas Lease No. 19552</li> </ol>						
87505	SUNDRY	NOTICES AND RE	7. Lease	7. Lease Name or Unit Agreement Name						
DIFFERENT R	ESERVOIR. USE ".	PROPOSALS TO DRILL APPLICATION FOR PE		North Hobbs Unit (G/SA)						
PROPOSALS.) 1. Type of V	Well: Oil Well	Gas Well	8. Well	8. Well Number 442						
2. Name of	Operator Occidental I	Permian Ltd		9. OGRID Number 157984						
3. Address of		-	10. Pool	10. Pool name or Wildcat						
P.C	D. Box 4294, Hou	ston, TX 77210				н	Hobbs (G/SA)			
4. Well Loc			Sec. 14		1 August					
10.15	t Letter P		et from the	South	line and	380		East line		
Sec	tion 19			18S Ran	<u> </u>	NMPM	County	Lea		
		3653' GL		her DR, I	RKB, RT, GR, e	tc.)				
				1	E. S. Carlos					
	12. Ch	eck Appropriate	Box to Indic	cate Na	ure of Notic	e, Report o	r Other Data			
		F INTENTION		_			NT REPORT (			
	REMEDIAL WOR			_	REMEDIAL WO					
	RILY ABANDON	CHANGE P			COMMENCE D					
	TER CASING		COMPL L		CASING/CEME	INT JOB				
	E COMMINGLE									
	OOP SYSTEM			_				_		
OTHER:		1 . 1	(0) 1 1		OTHER: Retur					
		completed operation								
	osed completion	sed work). SEE RU	LE 19.15.7.14	NMAC.	For Multiple C	ompletions:	Attach wellbore di	agram of		
prop	osed completion	or recompletion.								
								·		
MIRU x ND	WH x NUBOP.	Checked pressure	- tbg 0 PSi x d	csg 50 P	SI. RIH 1.875"	<b>Blanking Pl</b>	ug @ 4118'.			
Checked p	ressure - tbg 15	500 PSi x csg 600 F	SI. Ran MIT a	and test	ed good. RD x	NDBOP x N	UWH x MO Locat	ion.		
Chart prev	iously mailed to	o NMOCD								
	the second s	**	** Well return	ned to I	njection					
			-		-					
Spud Date:	06/17/16		Rig Rele	ease Date	06/20/16					
Sput Date.	-			use Date						
I hereby certif	fy that the inform	ation above is true a	and complete to	o the bes	t of my knowle	dge and belie	f.	NECONSTRUCTION		
	$\cap$ .	AIL			,	0				
	101	Mac								
SIGNATURE	will	1 NOOL	TITLE	Regulato	ry Coordinator		DATE 08	/24/2016		
					Angil Line (C)	201000	PUICITE 7	12 266 5774		
	name April Hood	1	E-mail a	address:	April_Hood@C	Jxy.com	PHONE:7	13-300-5//1		
For State Use	Sonly AA	1 20		2.	10		0	-		
APPROVED	$\mathbf{BV}$ $\mathbf{Y}$	AUNTO	OWTITLE	N	IL Su	RENIA	2 DATE S	312011		
	Approval (if any		The second second	10 1	50			1		
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