Submit 1 Copy To Appropriate District BBS State of New Mexico Office District 1 – (575) 393-6161 I625 N. French Dr., Hobbs, NM 88240 EC 2 1 District II – (575) 748-1283 811 S. First SL, Artesia, NM 88210 District III – (505) 334-6178 1220 South St. Francis Dr	Form C-103 Revised August 1, 2011 WELL API NO. 30-025-43102 5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 374 CEIVED Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS (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 SUCH PROPOSALS.)	 Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit 8. Well Number: 261
1. Type of Well: Oil Well Gas Well Other: 2. Name of Operator	9. OGRID Number: 157984
Occidental Permian Ltd.	5. OOMD Humber: 197904
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location	
Unit LetterL_: 1964feet from theSouth line and879	
Section 4 Township 19S Range 38E 11. Elevation (Show whether DR, RKB, RT, GR, etc.,	NMPM Lea County
3623.9' (KB)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK Ø PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ DOWNHOLE COMMINGLE ☐ COMMENCE DRILLING OPNS.	
OTHER: OTHER:	
 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. 	
1. MIRU PU	-recodure we plan to use
2. TOOT Writhed Est equipment	procedure we plan to use loop system with a steel
3. RIH w/ bit and tag TD the closed- 4. RIH w/ new ESP equipment tank and hat	aul contents to the required
4. RIH w/ new ESP equipment tank and ha	r ODC Rule 19.15.17
6. RTP well disposal pe	ODC Rate 15:12:12
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	
Type or print name Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE: 713-497-2053	
For State Use Only	
APPROVED BY: Approval (if any): DATE 12/22/2014	