Office Office	State of New Mexico			Form C-103			
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240				Revised August 1, 2011 WELL API NO.			
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBB DICCONSERVATION DIVISION				30-025-43101			
District III - (505) 334-6178 1220 Courth St. Erangia Dr.				5. Indicate Type of Lease			
1000 Rio Brazos Rd., Aztec, NM 87410 JAN 1 7 2017 Santa Fe, NM 87505				STATE 🛛	FEE	/	
1220 S. St. Francis Dr., Santa Fe, NM 87505				6. State Oil & Gas Lease No.			
<u> </u>	ES AND REPORTS ON WELLS		7 100	ca Nama or Hr	nit 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 SUCH				South Hobbs (G/SA) Unit			
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other			8. We 271				
2. Name of Operator				9. OGRID Number: 157984			
Occidental Permian Ltd. 3. Address of Operator				10. Pool name or Wildcat			
1017 West Stanolind Road Hobbs, New Mexico 88240				Hobbs (G/SA)			
4. Well Location						-	
	feet from the North line	and 18	390 feet from	m the West	line	~	
Section 9 Township 19S Range 38E				M Lea	County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3615.5' KB							
12 Check An	propriate Box to Indicate Na	ture of Not	ice Report	or Other Dat	a		
	•						
				SEQUENT REPORT OF: K □ ALTERING CASING □			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR				ILLING OPNS. P AND A			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN							
DOWNHOLE COMMINGLE							
OTHER:							
OTHER: OTHER: OTHER: OTHER:				tinent dates, in	cluding estimated date	2	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC.						
proposed completion or recon	pletion.						
The state of the s				his procedure we plan to use the closed-			
				tem with a steel tank and haul contents to ired disposal per ODC Rule 19.15.17			
RIH W/ESP eqmt RDPU and clean location			required disp	ned disposar per ODC Raio 17.13.17			
5.							
and the second s						, manage	
Spud Date: Rig Release Date:							
		L.		A			
hereby certify that the information ab	ove is true and complete to the her	st of my know	vledge and hel	ief		AMMONIN	
	ovo 10 dae and complete to alle co.	or my knov	riougo una our				
$\mathcal{T} \wedge (1)$	1.0/440						
SIGNATURE / esry T.	LINCAN_TITLE_WA/L	S	_DATE1/1	0/17	***************************************		
Type or print nameTerry Duncar	F-mail address t	erry a dunce	m@avv.com	PHONE: 574	5 397-8223		
For State Use Only \(\lambda \) \(\lambda							
1 Laver J. Mound A0/IT							
APPROVED BY: DATE DATE DATE						- (
Conditions of Approval (if any):							

MB