Submit I Copy To Appropriate District State of New Mexico	Form C-103
Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 I625 N. French Dr., Hobbs, NM 88267 District II – (575) 748-1283 811 S. First St., Artesia, NM 5640 District III – (505) 334-614 District IV – (505) 476-3460 I220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOT ICES AND REPORTS ON WELLS	Revised July 18, 2013 WELL API NO.
BIL CONSERVATION DIVISION	30-025-29129 5. Indicate Type of Lease
District III – (505) 334-615 Dr.	STATE STATE
District IV – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	North Hobbs (G/SA Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 212
2. Name of Operator Occidental Permian, Ltd	9. OGRID Number 157984
3. Address of Operator	10. Pool name or Wildcat
2611 State Hwy 214 Denver City, TX 79323	Hobbs (G/SA)
4. Well Location	
Unit Letter C	2605feet from theline
Section 24 Township 18-S Range 37-E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, 3685' GL	etc.)
5000 OL	
12. Check Appropriate Box to Indicate Nature of Notic	ce Report or Other Data
	JBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL W TEMPORARILY ABANDON CHANGE PLANS COMMENCE	ORK
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEM	
	ing integrity test
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.	
Date of test: 04/15/2019	
Pressure readings: Initial - 565 PSI Ending - 560 PSI	
Length of test: 32 minutes	
Witnessed: Yes - Gary Robinson - NMOCD	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowl	edge and belief.
Thereby certify that the information above is true and complete to the best of my knowl $\int \int \int dt dt = 0$	-
I hereby certify that the information above is true and complete to the best of my knowl SIGNATURE LAND TITLE Administrative Asso	-
SIGNATURE LING OCH TITLE Administrative Asso	DATE 04/26/2019
SIGNATURE Administrative Asso Type or print name Mendy A. Johnson E-mail address: mendy_john	DATE 04/26/2019
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SIGNATURE Mendy A. Johnson E-mail address: mendy_john	DATE 04/26/2019 DATE 04/26/2019 DATE 04/26/2019