Submit 1 Copy To Appropriate District Office	State of New Mex	xico	Form C-103	
District I - (575) 393-6161	rgy Minerals and Natur	ral Resources	Revised August 1, 201	1
District II - (575) 748-1283		WELL API NO. 30-025-23246	1	
			+	
District III - (505) 334-6178		5. Indicate Type of Lease STATE FEE	١,	
Santa Fe NM 87505		6. State Oil & Gas Lease No.	-	
1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505			o. State on & das Lease (vo.	27 97
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name	7	
(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		North Hobbs (G/SA) Unit		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector		8. Well Number 28-142		
2. Name of Operator		9. OGRID Number: 157984		
Occidental Permian Ltd.		Part of the second seco		
3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)		
HCR 1 Box 90 Denver City, TX 79323			_	
4. Well Location	Com the Couth line	721	fact from the West line	
			feet from theWestline	
Section 28 Township 18S Range 38E				
3648' (KKD, KT, OK, EIC.		
12. Check Appropri	ate Box to Indicate Na	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR				
			ILLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN		T JOB 🔲		
DOWNHOLE COMMINGLE				
OTHER:		OTHER:		
	ations. (Clearly state all p	THE RESERVE AND ADDRESS OF THE PARTY OF THE	d give pertinent dates, including estimated da	ite
of starting any proposed work). SEE	RULE 19.15.7.14 NMAC		mpletions: Attach wellbore diagram of	
proposed completion or recompletion				
1) MIRU PU				
2) POOH with ESP During th			is procedure we plan to use	
3) Isolate Casing leak within San Andres Zone and squeeze per the close			d-loop system with a steel	
Halliburton Procedure			haul contents to the required	
4) D/O squeeze and test to PBTD			per ODC Rule 19.15.17	
			Jei ODC Rule 13:13:12:	
Return well to production				
		-14-		
Spud Date: Rig Release Date:				
I hereby certify that the information above is to	rue and complete to the he	et of my knowlede	te and baliaf	_
Thereby certify that the information above is to	rue and complete to the be	st of my knowledg	ge and benefit.	
SIGNATURE TOTAL	TITLE Produc	ction Engineer	DATE <u>07/18/2016</u>	
Type or print nameJacob S. Cox E-m	nail address: Jacob Ce	ox@oxv.com	PHONE: _713-497-2053	
For State Use Only				
VI alough	MIN = NINT	5.00	1/10/ 2/18/2016	2
APPROVED BY: Conditions of Approval (if any):	TITLE	- Cupin	DATE 1/10/2019	_