Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Submit I Copy To Appropriate District State of New Mexico Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, MOBBS OGD, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
District II - (575) 748-1283	30-025-35742
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 JUL 2 5 2919 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
$\begin{array}{c} \underline{\text{District IV}} \\ 1000 \text{ Rio Brazos Rd., Aztec, NM 87410} \\ \underline{\text{District IV}} \\ - (505) 476-3460 \\ 1220 \text{ S. St. Francis Dr., Santa Fe, NRECEIVED} \\ \hline \text{Santa Fe, NM 87505} \\ \underline{\text{87505}} \end{array}$	o. State on te gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit 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.)	8. Well Number 244
1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned 2. Name of Operator Image: Comparison of Comparison o	9. OGRID Number 157984
Occidental Permian, Ltd	
3. Address of Operator	10. Pool name or Wildcat
HCR 1 Box 90 Denver City, TX 79323	Hobbs (G/SA)
4. Well Location Unit Letter E : 2246 feet from the North line and	597 feet from the West line
Section 34 Township 18-S Range 38-E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3635' GR	
PERFORM REMEDIAL WORK 🔲 PLUG AND ABANDON 🔲 🛛 REMEDIAL WO	BSEQUENT REPORT OF:
NOTICE OF INTENTION TO: SUI PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR TEMPORARILY ABANDON CHANGE PLANS COMMENCE DF PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN DOWNHOLE COMMINGLE COSED-LOOP SYSTEM COTHER: OTHER: TA status extension request OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, an of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Comproposed completion.	BSEQUENT REPORT OF: RK
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SIGNATUREURAN Q JOHNON TITLE Admin. Associate	DATE 07/23/2018
Type or print name Mendy A. Johnson E-mail address: mendy	ohnson@oxy.com PHONE: 806-592-6280
APPROVED BY: Makey Browner AD	II DATE 7/26/2018
Conditions of Approval (if any):	
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