Submit 1 Copy To Appropriate District Office		State of New Mexico		Form C-103	
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NMROBBS OCD			Revised August 1, 2011 WELL API NO.		
		30-025-36247	Lace		
District III - (505) 334-6178 SEP 1 7 2018 1220 South St. Francis Dr.			5. Indicate Type of Lease STATE FEE		
District IV - (505) 476-3460 Santa Fe, INIM 8/505			6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, FRECEIVED 87505					
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	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			North Hobbs (G/SA) Unit		
PROPOSALS.)			Section 30 8. Well Number: 527		
1. Type of Well: Oil Well Gas Well Other:					
2. Name of Operator Occidental Permian Ltd.			9. OGRID Number: 157984		
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 N: 627 feet from the South line and 1782 feet from the West Line					
Section 30 Township 18-S Range 38-E NMPM Lea County				Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3649' (KB)					
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO: SUBSE PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK			SEQUENT REPO		
TEMPORARILY ABANDON				LTERING CASING ☐ AND A ☐	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB					
DOWNHOLE COMMINGLE					
OTHER:		OTHER:		П	
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.					
MIRU Pulling Unit and reverse unit.			During this procedure we plan to use		
2. Check pressure, ND WH and NU BOP			he closed-loop system with a steel		
3. POOH with ESP.			ank and haul contents to the required		
4. Locate leak and squeeze5. Clean out to PBTD			disposal per ODC	Rule 19.15.17	
6. Run back in hole with production equipment					
7. RDMO.					
Spud Date:	Rig Release Da	uto: [**		7	
Spuu Daie.	Nig Release Da	iie.			
			11.11.0		
I hereby certify that the information above	e is true and complete to the be	est of my knowledge	e and belief.		
4					
SIGNATURE Are TITLE Production Engineer DATE 9/12/2018					
Type or print name Alison Ballon E-mail address alison_ballon@oxy.com PHONE: 713-840-3024					
For State Use Only	. 0	. 1		-11	
APPROVED BY:	Brown TITLE	AO/I	DATE	B 9/17/2018	
Conditions of Approval (if any):					