Submit 1 Copy To Appropriate District Office District L = (575) 393-6161 HOBBS CCD State of New Mexico	Form C-103		
1625 N. French Dr., Hobbs. NM 88240	WELL API NO.		
District II - (575) 748-1283 SEP 26 2016 CONSERVATION DIVISION	30-025-29083		
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 871ECEIVED 220 South St. Francis Dr. District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (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	5. Indicate Type of Lease STATE STATE		
	6. State Oil & Gas Lease No.		
	7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit		
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 184		
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984		
3. Address of Operator 1017 West Stanolind Road Hobbs, New Mexico 88240	10. Pool name or Wildcat Hobbs (GSA)		
4. Well Location	110005 (GSA)		
	488 feet from the West line /		
Section 5 Township 19S Range 38E	NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR 3631.48' DF	R, etc.)		
12. Check Appropriate Box to Indicate Nature of Not	tice Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON □ REMEDIAL WORK ☑ ALTERING CASING □ TEMPORARILY ABANDON □ CHANGE PLANS COMMENCE DRILLING OPNS.□ P AND A			
		PULL OR ALTER CASING D MULTIPLE COMPL CASING/CE	MENT JOB
OTHER: OTHER:			
13. Describe proposed or completed operations. (Clearly state all pertinent detail			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multipl proposed completion or recompletion.	e Completions: Attach wellbore diagram of		
1. RUPU and POOH W/ESP equipment	uring this procedure we plan to use the closed-		
2. CO and Treat if necessary loc	op system with a steel tank and haul contents to		
	e required disposal per ODC Rule 19.15.17		
4. RDPU and clean location 5.	1-a contract end and an		
Spud Date: Rig Release Date:			
I hereby certify that the information above is true and complete to the best of my know	vledge and belief		
	trage and contra		
SIGNATURE / eng A. Junen TITLE_ WA/LS	_DATE9/21/16		
	an@oxy.com_PHONE: <u>575 397-8223</u>		
For State Use Only Mal HR	· 01-1		
APPROVED BY: Maley Strown BITLE Dist Sug Conditions of Approval (if any):	pensor DATE 9/27/2014		