Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		30-025-12495	
811 S. First St., Artesia, NM 88210		5. Indicate Type of Lease	
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410		STATE FEE	
District IV – (505) 476-3460 2016 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & 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			North Unbbs (C/CA) Unit
PROPOSALS.)			North Hobbs (G/SA) Unit 8. Well Number 231
Type of Well: Oil Well Gas Well Other Temporarily Abandoned Name of Operator			
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	1250 fact from the Court	the send	1350 fort from the 10/cot line
Unit Letter K : 1350 feet from the South line and 1350 feet from the West line			
Section 27 Township 85 Range 38 NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
11. Distancia (onon whether DA, IALD, IA, OA, etc.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL WOR			BSEQUENT REPORT OF: RK
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT			
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM		071150	
OTHER: TA status extension re		OTHER:	ad give pertinent dates, including estimated date
			ompletions: Attach wellbore diagram of
proposed completion or recompletion.			
Run MI test to gain extens	ion on temporary abandoned	well.	
Condition of Approval: notify			
OCD Hobbs office 24 hours			
prior of running MIT Test & Chart			
	p. *		
Spud Date:	Rig Release D	Date:	
The state of the s			
The share of the s		hast of the last	and ballef
I hereby certify that the information ab	ove is true and complete to the b	best of my knowledg	ge and belief.
My Och			
SIGNATURE DATE 10/27/2016 DATE 10/27/2016			
Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280			
For State Use Quly A A			
Wal MK + 5 10/21/2011			
Conditions of Approval (if arv):			
	NO PRODUCTION RE	PORTED IN	

NO PRODUCTION REPORTED IN 67 MONTHS