District IV – (5) 1220 S. St. Frar 87505 (DO NOT USE DIFFERENT R PROPOSALS.) 1. Type of V 2. Name of 3. Address of	i) 393-6161 Dr., Hobbs, 5) 748-1283 Artesia, NN 05) 334-617 s Rd., Aztec 05) 476-346 Iccis Dr., San SUI THIS FORI ESERVOIR Well: Oil Operator Occi of Operato 0. Box 429	NM 88240 4 88210 4 88210 ta Fe, NM NDRY ROFOS USE "APPLIC Well dental Permia	1 0 201 ES ANI ALS TO DI ATION FO Gas Well n Ltd X 77210	REPORTS ON RILL OR TO DEEP R PERMIT" (FORM	ATION St. Fran , NM 87 WELLS EN OR PLU (C-101) FC Inject	ral R DIV ncis 1 7505	Iesources /ISION Dr.	S1 6. State 19552 7. Lease North Ho 8. Well 1 9. OGRI 15 10. Pool H	29130 Ite Type of Le FATE X Oil & Gas Lea Mame or Unit	Revised J ase FEE ase No. t Agreeme SA) 2 lcat	
Uni	- Dotton	B:	10	_feet from the _	North		line and	2630	_feet from the	East	t line
Sec	tion 2	24		Township	18S Ra	-	37E	NMPM	Cou	unty	Lea
			11. Elev 3683'	vation (Show whe	ether DR,	RKB	B, RT, GR, etc	.)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE OWNHOLE COMMINGLE									ASING		
CLOSED-LC OTHER:	OP SYST	EM 🗌					HER:				
of sta	arting any	proposed wor bletion or reco POOH injec RIH 6 1/8" I Tested csg RIH pkr @ 4 Put well ba Ran MIT – 0 RD x NDBO	rk). SEE ompletion WH x NU tion equ bit x tag x tbg 1147' x 1 ck on injo Chart att	IBOP. ipment x 117 j @ 4249' 17 jts tbg @ 41 ection ached H	4 NMAC	C. Fo					
~F											
I hereby certif	fy that the	information a	bove is tr	rue and complete	e to the be	est of	my knowled	ge and belie	f.		-
SIGNATURE AND TITLE Regulatory Specialist DATE 03/23/2017											
Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771 For State Use Only Approved BY: AD/II AD/II DATE 4/12/2017 Conditions of Approval (if any); AD/II DATE 4/12/2017											
				5							

REDMS-CHART-V

