Submit I Copy to Appropriate District State of New Mexico	Form C-103
District 1 – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	N <u>30-025-07445</u>
District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE STATE -
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 RECEIVED	6. State Off & 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 Hobbs (G/SA) Unit Section 29
1. Type of Well: Oil Well 🖾 Gas Well 🔲 Other	8. Well Number
2. Name of Operator	341 9. OGRID Number: 157984
Occidental Permian Ltd.	-
3. Address of Operator	10. Pool name or Wildcat
1017 West Stanolind Road Hobbs, New Mexico 88240 4. Well Location	Hobbs (G/SA)
Unit Letter O : 330 feet from the South line and 2318 feet from the East line	
Section 29 Township 18S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, G 3643' GL	R, etc.)
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON CHANGE PLOG AND ABANDON COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING DULTIPLE COMPL CASING/C	EMENT JOB
OTHER: OTHER: O	
 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.	
	During this procedure we plan to use the closed- bop system with a steel tank and haul contents to
	he required disposal per ODC Rule 19.15.17
4. RDPU and clean location	
5.	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE / eng the fundar TITLE WA/LS DATE	
Type or print name Terry Duncan E-mail address terry_a_duncan@oxy.com_ PHONE: 575 397-8223	
For State Use Only M 1 HD.	
APPROVED BY: Mary Brown TITLE AO/II DATE 5/23/2017 Conditions of Approval (if any):	