Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resour	ces Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-128		WELL API NO. 30-025-26622
811 S. First St., Artes a, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 33-6178	1220 South St. Francis Dr.	STATE ☐ FEE ☒
1000 Rio Brazzo ald., Azteo NM 87410 <u>District IV</u> (505) 476-3060 1220 S. S. Grancis Dr. Santa Fe, NV 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUMPRY NOT	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO CATION FOR PERMIT" (FORM C-101) FOR SUCH	South Hobbs (G/SA) Unit
PROPOSALS.)  1. Type of Well. Oil Well	Gas Well  Other Injector	8. Well Number 174
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 L :		and 516 feet from the West line
Section 3	Township 19-S Range 38-E	NMPM Lea County
	11. Elevation (Show whether DR, RKB, RT, G	GR, etc.)
		The first of the second
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 PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB		
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
CLOSED-LOOP SYSTEM  OTHER:	□ OTHER:	Casing integrity test
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.		
Date of test: 08/18/2017		
Pressure readings: Initial 570 PSI Ending 560 PSI		
Length of test: 32 minutes Witnessed: Yes - Kerry Fortner - NMOCD		
Withessed. Tes - Kerry Portiler - NiMOOD		
Spud Date:	Rig Release Date:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Mand OC	and man	
SIGNATURE DATE 09/21/2017		
Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280		
Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280  For State Use Only		
APPROVED BY: Revy Former TITLE Compliance Officer DATE 9-28-17 Conditions of Approval (if any):		

