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	OH CONCERNATION	DIVISION CI	30-025-26980
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis D0 2010 8 Santa Fe, NIA 87505		STATE X FEE .
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa re, Nive 7505		6. State Oil & Gas Lease No.
87505			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		State "A"	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned		8. Well Number 38	
2. Name of Operator		9. OGRID Number 157984	
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			Hobbs (G/SA)
Unit Letter J: 1180 feet from the South line and 1730 feet from the East line			
Section 4 Township 19-S Range 38-E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3608' GL			
12 Chack	Appropriate Poy to Indicate N	atura of Nation	Panert or Other Date
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
			SEQUENT REPORT OF:
PERFORM REMEDIAL WORK			
TEMPORARILY ABANDON DULL OR ALTER CASING			_
DOWNHOLE COMMINGLE		CASING/CEIVIEN	1308
CLOSED-LOOP SYSTEM		, .	
OTHER: TA status extension request OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER: OTHER:			
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.			
Run MI test to gain extension on temporary abandoned status.			
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Condition of Annewals notify			
Condition of Approval: notify			
OCD Hobbs office 24 hours			
prior of running MIT Test & Chart			
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Spud Date:	Rig Release Da	te·	
Spud Bate.	Kig Kelease Da		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE DATE 01/08/2018			
Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280			
For State Use Only			
APPROVED BY: Vally Solow Title HO/II DATE VII/2018			
Conditions of Approval (if any)			
U			

NO PROD REPORTED - 317 MONTHS.