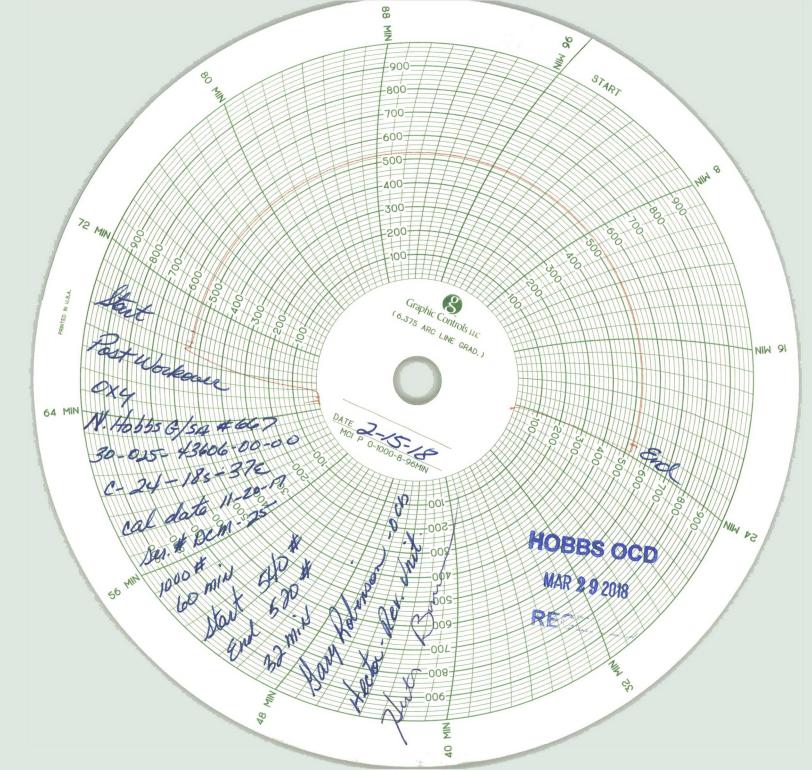
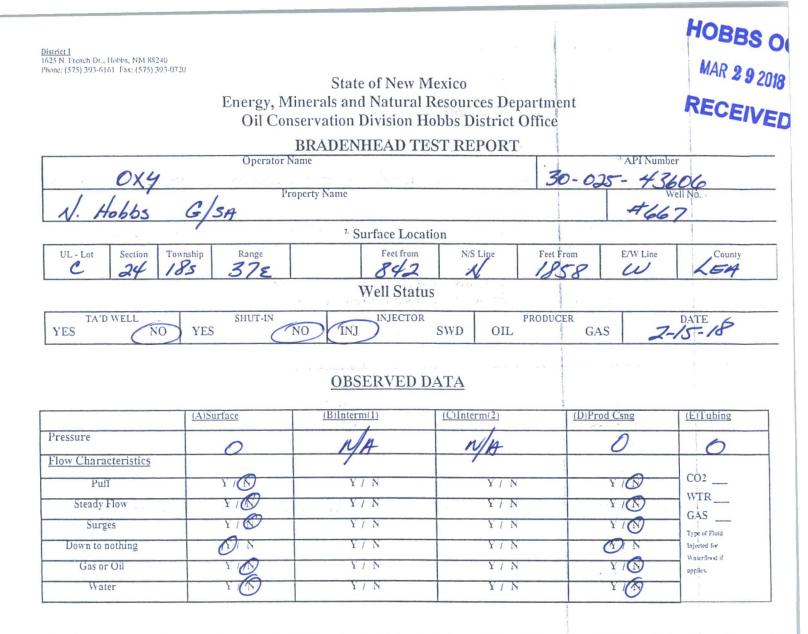
Submit 1 Copy To Appropriate District State of New Mexico	Form C-103	
Office <u>District I</u> – (575) 393-6161 1625 N. French Dr., House 182240	Revised July 18, 2013	
District II $-(575)748-1283$	30-025-43606	
811 S. First St., Artesia, NM 88210 District III – (505) 334-617 AR 2 9 2018 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Ea NIM 97505	6. State Oil & Gas Lease No.	
District IV - (505) 476-3460 1220 S. St. Francis Dr., San EGEIVED 87505		
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	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 667	
2. Name of Operator	9. OGRID Number	
Occidental Permian LTD 3. Address of Operator	157984	
PO Box 4294 Houston, TX 77210	Hobbs; Grayburg - San Andres	
4. Well Location		
Unit Letter C : 842 feet from the N line and	1858 feet from the W line	
Section 24 Township 18S Range 37E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea	
3629' KB		
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 DR PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN		
DOWNHOLE COMMINGLE		
OTHER: OTHER: OTHER:	d give pertinent dates, including estimated date	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co proposed completion or recompletion.		
MIRU x NDWH x NUBOP.		
POOH tbg x pkr.		
RIH 7" CIBP @ 4538'		
Perf'd 4451' – 4492'.		
Pumped 1400 gals 15% NEFE acid.		
RIH on/off tool x pkr 4400' @ x 135 jts tbg @ 4392'.		
Ran MIT chart – Chart attached. RD x NDBOP X NUWH.		
RD X NDBOP X NOWH.		
Spud Date: 02/12/2018 Rig Release Date: 02/16/20	18	
Spud Date: 02/12/2018 Rig Release Date: 02/16/20		
I hereby certify that the information above is true and complete to the best of my knowledge	ge and belief.	
SIGNATURE CARE AND TITLE Regulatory Specialist	DATE 03/21/2018	
Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771		
For State Use Only M I Bl 101-		
APPROVED BY: Valuy Stown TITLE AU/II DATE 4/3/2018		
Conditions of Approval (if any):		
	2	
RBBMS-CHART-V	No.	





Remarks - Please state for each string (A.B.C.D.E) pertinent information regarding bleed down or continuous build up if applies. Fost Workover

OPERATOR Copy

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
	Witness: Jarg Colomson 575-399-3220	

INSTRUCTIONS ON BACK OF THIS FORM