Submit 1 Copy To Appropriate District Office Office State of New Mexico Office Minorals and Natural Resources	Form C-103 Revised July 18, 2013
District I – (575) 395 1461 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	WELL API NO.
	30-025-43841 5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr. District IV - (505) 476-3 ECEVED Santa Fe, NM 87505	STATE X FEE
District IV - (505) 476-3430	6. State Oil & Gas Lease No.
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	North Hobbs G/SA Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 657
Name of Operator Occidental Permian LTD	9. OGRID Number 157984
3. Address of Operator	10. Pool name or Wildcat
PO Box 4294 Houston, TX 77210	Hobbs; Grayburg - San Andres
4. Well Location	2000 6 4 5 4 5
Unit Letter B : 160 feet from the N line and Section 24 Township 18S Range 37E	2269 feet from the E line NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	, , , , , , , , , , , , , , , , , , ,
3674' GL	
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 ALTERING CASING	
TEMPORARILY ABANDON	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM OTHER: OTHER:	П
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.	
MIRU x NDWH x NUBOP.	
POOH on/off tool x PKR x 131 jts tbg.	
RIH 7" CIBP @ 4482'. x dump 5' cmt on CIBP.	
RIH w/ 131 jts tbg @ 4304' x PKR @ 4312' x on/off tool.	
Ran MIT – Chart Attached.	
RD x NDBOP x NUWH.	
Spud Date: 04/19/2018 Rig Release Date: 04/23/201	8
Spud Date: 04/19/2018 Rig Release Date: 04/23/201	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SMILL HAND	00/44/0040
SIGNATURE CAST UNIT TITLE Regulatory Specialist	DATE 06/14/2018
Type or print name April Hood E-mail address: April_Hood@Ox For State Use Only	y.com PHONE:713-366-5771
$M_{\rm el}$	
APPROVED BY: VILLE TITLE DATE 4/21/2018 Conditions of Approval (if aby):	

RRDMG-CHART-V

