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
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	CO	WELL API NO. 30-025-28973
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178	1220 South St. Frank Dr.	STATE STATE STATE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe 10 87505 2018	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe 10 87505 2018	
87505 SLINDRY NOTIC	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOS	SALS TO DRILL OR TO DEEPEN OR PLUGE CONTO A	// Double ( value of other ignormality value
DIFFERENT RESERVOIR. USE "APPLIC	SALS TO DRILL OR TO DEEPEN OR PLUGACIÓN A ATION FOR PERMIT" (FORM C-101) PROJECH	South Hobbs (G/SA) Unit
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well  Other Temporarily Abandoned	8. Well Number 175
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 Cit	y, TX 79323	Hobbs (G/SA)
4. Well Location		
Unit Letter A: 1010 feet from the North line and 820 feet from the East line		
Section 6 Township 19-S Range 38-E NMPM Lea County		
RIPS CONTRACTOR	11. Elevation (Show whether DR, RKB, RT, GR, e	etc.)
House the contract of the cont	3625' GL	
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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		
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER: TA status extension request	☑ 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.		
The state of the s		
Condition of Approval: notify		
en e		
OCD Hobbs office 24 hours		
prior of running MIT Test & Chart		
VI IVI VI I WASSIAND A AND OF THE OWNER.		
Spud Date:	Rig Release Date:	
<u> </u>		
I hereby certify that the information a	above is true and complete to the best of my knowle	edge and belief.
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SIGNATURE PURCLY	Admin. Associate	DATE 06/22/2018
Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280		
For State Use Only		
AND AND X THOUSE WAS TO BE TO SEE TO		
APPROVED BY: DATE DATE DATE DATE DATE DATE DATE DATE		
Conditions of Approval (if an):		
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