Submit 1 Copy To Appropriate District Office	State of New Me		Form C-103	
	Energy, Minerals and Natu	ral Resources	Revised August 1, 2011 WELL API NO.	<u>_</u>
District II - (575) 393-61611625 N. French Dr., Hobbs, NM 88240District II - (575) 748-1283811 S. First St., Artesia, NM 88210District III - (505) 334-61781000 Rio Brazos Rd., Aztec, NM 87410District IV - (505) 476-34601220 S. St. Francis Dr., Santa Fe, NM87505		30-025-29411	/	
		5. Indicate Type of Lease		
		STATE FEE	_/-	
		6. State Oil & Gas Lease No. N/A		
SUNDRY NOTICES AND REPORTS ON WELLS (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			7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned			8. Well Number 204	`
2. Name of Operator Occidental Permian Ltd.			9. OGRID Number: 157984	
3. Address of Operator			10. Pool name or Wildcat:	
P.O. Box 4294, Houston, Tx 77210			Hobbs (G/SA)	
4. Well Location (Surface)		1 220		
	_feet from the _South line		feet from the line	
Section 5 Township 19S Range 38E NMPM Lea County				
3624' (KB)				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL DOWNHOLE COMMINGLE MULTIPLE COMPL				
OTHER: 🛛 RTP well in San A	ndres formation	OTHER:		
 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 PU. ND Wellhead. NU BOP Trip a bit and deepen well ~300' to Andres) Log Well (GR/CNL) Design stimulation based on new pa Set RBP at ±3900' and ±1000' and ± Following wellhead change: MIRU PU; Pull plugs RIH with ESP ND BOP. NU Wellhead. RDMO PU 	new TD at ±4450' (within Sa ay. Stim with 15% HCL at ±50 prepare well for wellhead cha	Duri the d ^{0 gal/ft} tank	ng this procedure we plan to use closed-loop system with a steel and haul contents to the required osal per ODC Rule 19.15.17	
Spud Date:	Rig Release Da	te:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Λ	^			
SIGNATURE				
Type or print name Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE:713-497-2053 For State Use Only				
APPROVED BY: Maley Straw Title AO I DATE 7/2/2018				
Conditions of Approval (if any):		٣		

