Submit 1 Copy To Appropriate District 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	30-025-28346
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-61 PR 0 BBS 0 C CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
Santa Fe NM 87505	6. State Oil & Gas Lease No.
$\frac{District IV}{1220  S. St. Francis Dr., Santa For 2020$	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR THE DECEMBER OF THE DECEMBER OF PLUG BACK TO A	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR DESCRIPTION FOR PERMIT" (FORM C-101) FOR SUCH	South Hobbs G/SA Unit
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well Other	8. Well Number 143
2. Name of Operator	9. OGRID Number
Occidental Permian LTD 3 Address of Operator	157984 10. Pool name or Wildcat
PO Box 4294 Houston, TX 77210	Hobbs; Grayburg - San Andres
4. Well Location	
Unit Letter P: 1160 feet from the S line and	<u>330</u> feet from the <u>E</u> line
Section 4 Township 19S Range 38E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3610' 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  CEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS.  P AND A	
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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.	
10/26/2018 - Re-Ran MIT Test for TA Status - Chart Attached This Approval of Temporary	
	prova of temp/0/26/00000
ADAIRA	22.03.1.2
No. 41	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
(Intil Hond	
SIGNATURE THE TITLE Regulatory Specialist DATE 12/17/2018	
Type or print name April Hood E-mail address: April_Hood@Ox	y.com PHONE: 713-366-5771
For State Use Only	
APPROVED BY: Jame Agen TITLE Ompligner Supervisor DATE /2/20/18	
Conditions of Approval (if any):	DATE /2/20/11
	DATE /2/20/1/
Conditions of Applovar (ivality).	//////////////////////////////////////

