Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
Office District I – (575) 393-6161 HOBES Energy, Minerals and Natural Resource 1625 N. French Dr., Hobbs, NM 88240	Revised August 1, 2011
DISTRICT 11 (2) (2) (4) (7) (4)	WELL API NO. 30-025-23522
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210  JAN OIL COMSERVATION DIVISION	5. Indicate Type of Lease
811 S. First St., Artesia, NM 88210  District III – (505) 334-6178  1000 Rio Brazos Rd., Aztec, NM 87410  District IV – (505) 476-3460  Santa Fe, NM 87505	STATE S FEE
District IV – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505	
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 North Hobbs (G/SA) Unit
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other Injector	8. Well Number 24-411
2. Name of Operator	9. OGRID Number: 157984
Occidental Permian Ltd.	
3. Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)
HCR I Box 90 Denver City, TX 79323	
4. Well Location  Unit Letter A: 990 feet from the North line and 990 feet from the East line	
Section 24 Township 18S Range 37E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3679' (DF)	
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 ☐	
	CE DRILLING OPNS. P AND A
	EMENT JOB
DOWNHOLE COMMINGLE	
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.  1) MIRU PU for Wellhead Change	
2) POOH with ESP and send to shop for evaluation <b>Duri</b>	ng this procedure we plan to use
3) If ESP function is degraded, will replace ESP with new	losed-loop system with a steel
4) RDMO PU until wellhead change completed.	and haul contents to the required
5) After WH Change, RU PU and RIH with ESP 6) Return well to production disp	osal per ODC Rule 19.15.17
6) Return well to production disp	
Spud Date: Rig Release Date:	
	***************************************
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Mil Mee TITLE Production Engineer DATE 01/1/2017.	
Time on print name Pick Pearson Franklands with a second Print 112 215 7650	
Type or print nameRick Reeves E-mail address: <u>rick reeves@oxy.com</u> PHONE: <u>713-215-765f3</u> For State Use Only \( \lambda \)	
Wal MK	
APPROVED BY: DATE 1/9/201	
Conditions of Approval (if any):	