	P C 100
Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88249 OBB Energy, Minerals and Natural Resource	es Form C-103 Revised July 18, 2013
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88249 088 The provide the source	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210	N <u>30-025-29460</u> 5. Indicate Type of Lease
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 FEB 2 1220 South St. Francis Dr.	STATE STATE
District IV - (505) 476-3460	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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	South Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Temporarily Abandone	9 Wall Number
2. Name of Operator Occidental Permian, Ltd	9. OGRID Number 157984
3. Address of Operator	10. Pool name or Wildcat
HCR 1 Box 90 Denver City, TX 79323	Hobbs (G/SA)
4. Well Location	
	Ind <u>248</u> feet from the <u>West</u> line NMPM Lea County
Section 5 Township 19-S Range 38-E 11. Elevation (Show whether DR, RKB, RT, G	
3615' GL	
12. Check Appropriate Box to Indicate Nature of No.	otice, Report or Other Data
	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL TEMPORARILY ABANDON CHANGE PLANS COMMENCE	WORK ALTERING CASING CA
	_
CLOSED-LOOP SYSTEM OTHER: TA status extension request OTHER: 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.	
Nur wir test to gain extension on temporary abandoned status.	
Condition of Approval: notify	
OCD Hobbs office 24 hours	
prior of running MIT Te	est & Chart
[] [
Spud Date: Rig Release Date:	
I have her excite the information shows is two and complete to the best of way here	whether and halisf
I hereby certify that the information above is true and complete to the best of my kno	wiedge and bener.
SIGNATURE Mendy a phone TITLE Admin. Associate	DATE 02/16/2017
Type or print name Mendy A. Johnson E-mail address: mendy_jo	ohnson@oxy.com PHONE: 806-592-6280
For State Use Only	
APPROVED BY: MOULT STOWNFITLE AO II	DATE 2/21/2017
Conditions of Approval (if any)	
NO PRODUCTION REPORTED IN	
MONTHS	