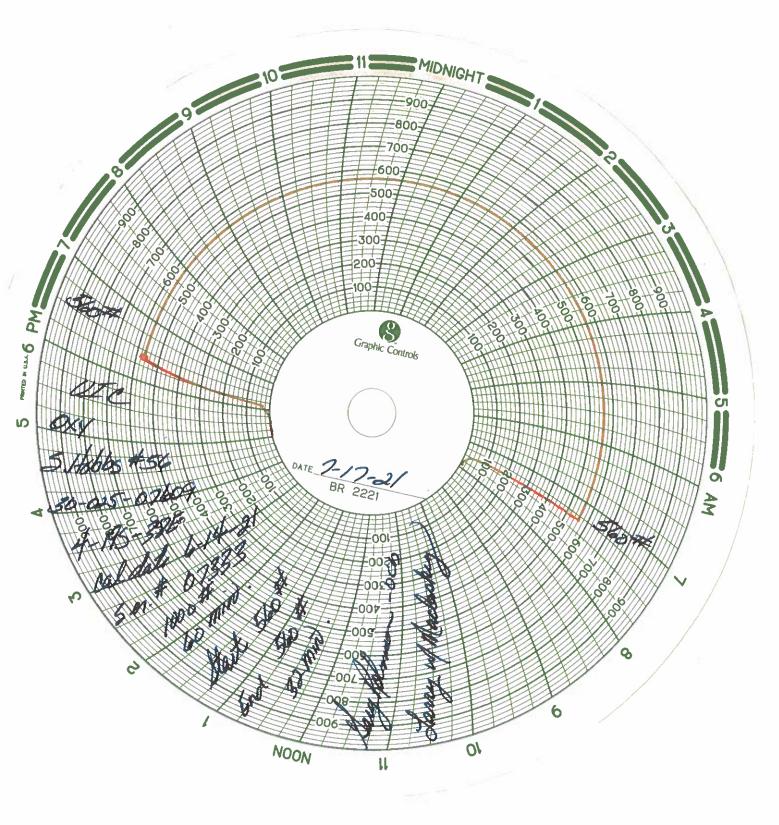
Destrict - (257) 39-3-616 1.0523 N, French N, Hobbs, NM 83-20 Danier III - (367) 78-81-28 May 10 Danier III - (367) 78-81-2	Office	AM State of New Mexico	Form C-103
Daniel II - (35) 748-1288 SIS Furs Is, Area (1990) SIS Furs Is, Area (1990) SIS Furs Is	<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resou	well api No. Revised July 18, 2013 Well api No.
1.	<u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISI	ION
Santa Fe, NM 87505 Santa F			5. Indicate Type of Lease
120 S. E. Fanacia Dr. Sauta Fc, NM STATES	1000 Rio Brazos Rd., Aztec, NM 87410		
DONOT USE THIS FORM FOR PROPOSALS TO DEBETEN OR PLUG BACK TO A DIFFERENT REPROVER. LST - APPLICATION FOR PERMIT (FORM C. 10) FOR SUCH PROPOSALS). 1. Type of Well: Oil Well Gas Well Other INJECTOR S. Well Number O. OGRID Number 3. Address of Operator 10. Pool name or Wildeat 4. Well Location Township Range NMPM County 11. Elevation (Show whether DR. RKB, RT, GR. etc.) 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 CASING/CEMENT JOB ALTERING CASING DOWNHOLE COMMINGLE COMPILITY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A DOWNHOLE COMMINGLE COSSED-LOOP SySTEM OTHER: MIT 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	1220 S. St. Francis Dr., Santa Fe, NM	Sulta 1 0, 1111 0 75 05	o. State Off & Gas Lease No.
1. Type of Well: Oil Well	(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLIED	DSALS TO DRILL OR TO DEEPEN OR PLUG BACK T	
2. Name of Operator 3. Address of Operator 4. Well Location Unit Letter : feet from the line and Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CASING/INDICATE ALTERING CASING COMMENCE DRIALING OPPIS PAND A CASING/INDICATE COMMENCE DRIALING OPPIS PAND A CASING/INDICATE ALTERING CASING COMMENCE DRIALING OPPIS PAND A CASING/INDICATE ALTERING CASING OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Signature Right Righ		Gas Well Other INJECTOR	8. Well Number
4. Well Location Unit Letter : feet from the line and feet from the line Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 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 COMMENCE DRILLING OPNS PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB DOWNHOLE COMMINGLE COMMENCE DRILLING OPNS PAND A DOWNHOLE COMMINGLE OTHER: MIT OTHER: MIT 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Signature Rig Release Date:			9. OGRID Number
Unit Letter : feet from the line and feet from the line Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3. Address of Operator		10. Pool name or Wildcat
Section Township Range NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PAND A DEVILOR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB PAND A DEVILOR COMMENCE ORILLING OPNS. PAND A DEVILOR OF SYSTEM OTHER: MIT THE DATE OTHER: MIT THE DATE OTHER CASING OF STATE OTHER CASING O	4. Well Location		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	Unit Letter:	feet from the line	e and feet from the line
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	Section	Township Range	NMPM County
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS P AND A DOWNHOLE COMMINGLE COSTON DOWNHOLE COMMINGLE COSTON DOWNHOLE COMMINGLE TOTHER: MIT DITER: MIT DITER: MIT DITER: MIT 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. Spud Date:		11. Elevation (Show whether DR, RKB, RT	GR, etc.)
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: MIT OTHER: MIT OTHER:			
hereby certify that the information above is true and complete to the best of my knowledge and belief. IGNATURE	13. Describe proposed or composed with of starting any proposed w	pleted operations. (Clearly state all pertinent doork). SEE RULE 19.15.7.14 NMAC. For Mu	details, and give pertinent dates, including estimated d
TITLE DATE Type or print name E-mail address: PHONE: APPROVED BY: Accepted for record = NMOCD_gc 6/1/2022 DATE			
E-mail address: PHONE: APPROVED BY: Accepted for record = NMOCD_gc 6/1/2022 DATE	I hereby certify that the information	above is true and complete to the best of my l	knowledge and belief.
APPROVED BY: Accepted for record = NMOCD_gc 6/1/2022 DATE	SIGNATURE		
APPROVED BY: Accepted for record = NMOCD_gc 6/1/2022 DATE	• •	TITLE	DATE
	Type or print name		
	Гуре or print name For State Use Only		



MACLASKEY

5900 WEST LOVINGTON HWY. HOBBS, N.M. 88240 505-393-1016

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REMARKS:				· · · · · · · · · · · · · · · · · · ·

THIS IS TO CERTIFY THAT:

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. **Santa Fe, NM 87505**

CONDITIONS

Action 104324

CONDITIONS

Operator:	OGRID:
OCCIDENTAL PERMIAN LTD	157984
P.O. Box 4294	Action Number:
Houston, TX 772104294	104324
	Action Type:
	[C-103] Sub. General Sundry (C-103Z)

CONDITIONS

Created By	Condition	Condition Date
gcordero	None	6/1/2022