Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Reso		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240		I	WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVIS		30-025-35305
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease  STATE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 8750540	BRS OCD	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	7		5. State Off & Gas Lease No.
87505	ICES AND REDORTS ON WELLS OF	r 2 1 2014	7. 1
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLI	ICES AND REPORTS ON WELLS <b>QCT</b> SALS TO DRILL OR TO DEEPEN OR PLUG BACK CATION FOR PERMIT!" (FORM C-101) FOR SUCH	TO A	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
PROPOSALS.)  1. Type of Well: Oil Well	Gas Well Other Temporarily Abandon	ECEIVED	8. Well Number 242
2. Name of Operator			9. OGRID Number: 157984
Occidental Permian Ltd.			
3. Address of Operator			10. Pool name or Wildcat Hobbs (G/SA)
2611 State Hwy 214 Denver	: City, TX 79323		
4. Well Location			
•	556feet from theNorth line and	1102	feet from theEastline
Section 5	Township 19S Range		NMPM Lea County
	11. Elevation (Show whether DR, RKB, R' 3603' RDB	RT, GR, etc.)	The second secon
12. Check A	Appropriate Box to Indicate Nature of	of Notice, R	eport or Other Data
NOTICE OF IN	ITENTION TO:	SUBS	EQUENT REPORT OF:
PERFORM REMEDIAL WORK	I	DIAL WORK	☐ ALTERING CASING ☐
TEMPORARILY ABANDON ⊠			LING OPNS.□ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL   CASIN	IG/CEMENT .	JOB 🗆 🙀 🖚
DOWNHOLE COMMINGLE			₩.
OTHER		_	
OTHER:	OTHER		give pertinent dates, including estimated date
	ork). SEE RULE 19.15.7.14 NMAC. For M		
<ol> <li>Isolate leak in csg/tbg</li> <li>RIH w/ 5.5" CIBP and set @3900</li> </ol>	During this procedure we		plan to use
3. Cap w/ 35' of cmt	the closed-loop system w		ith a steel
4. Pressure test to 500 psig			the required
. Schedule MIT disposal per ODC Rule 19.		.15.17	
6. Install MIT wellhead	· ·		<b>:</b>
	•		
Spud Date:	Rig Release Date:		
I hereby certify that the information	above is true and complete to the best of my	y knowledge a	and belief.
SIGNATURE Steve		,	
SIGNATURE COME	TITLE_Lift Specialis	stD	ATE10/20/2014
Time on maint Storie Co-s	and Described described	mand@av	com PHONE: 906 502 6212
Type or print name Steve Sne	E-mail address steve_si	sneau@oxy	.com PHONE:_806-592-6312
For State Use Only	()	. <b>m</b>	. 1 1
APPROVED BY: Warle	Stitchen_ TITLE L'ONISTION	nu Olti	cor DATE 10/23/2014
Conditions of Approval (if any):			