

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

**HOBBS OCD**  
**OCT 07 2016**  
**RECEIVED**

State of New Mexico  
 Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised July 18, 2013

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 PROPOSALS.)		WELL API NO. 30-025-29196
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian, Ltd		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
4. Well Location Unit Letter <u>H</u> : <u>2495</u> feet from the <u>North</u> line and <u>119</u> feet from the <u>East</u> line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		8. Well Number <u>422</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3653' GL		9. OGRID Number <u>157984</u>
10. Pool name or Wildcat Hobbs (G/SA)		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: TA status extension request <input checked="" type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>	
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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.

Run MI test to gain extension on temporary abandoned status.

**Condition of Approval: notify  
 OCD Hobbs office 24 hours  
 prior of running MIT Test & Chart**

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 Mendy A. Johnson TITLE Admin. Associate DATE 10/04/2016

Type or print name Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com PHONE: 806-592-6280

**For State Use Only**

APPROVED BY: Mary S. Brown TITLE Dist. Supervisor DATE 10/13/2016

Conditions of Approval (if any):

**NO PRODUCTION REPORTED IN  
288 MONTHS.**