

Submit 1 Copy To Appropriate District

State of New Mexico

Form C-103

Office

Energy, Minerals and Natural Resources

Revised August 1, 2011

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**  
 NOV 08 2016  
 RECEIVED

**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

WELL API NO. 30-025-28981
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 186
9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3624.4' KB

**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.)

1. Type of Well: Oil Well  Gas Well  Other

2. Name of Operator  
Occidental Permian Ltd.

3. Address of Operator  
1017 West Stanolind Road Hobbs, New Mexico 88240

4. Well Location  
Unit Letter E : 2420 feet from the North line and 213 feet from the West line  
Section 4 Township 19S Range 38E NMPM Lea County

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK  PLUG AND ABANDON
- TEMPORARILY ABANDON  CHANGE PLANS
- PULL OR ALTER CASING  MULTIPLE COMPL
- DOWNHOLE COMMINGLE

SUBSEQUENT REPORT OF:

- REMEDIAL WORK  ALTERING CASING
- COMMENCE DRILLING OPNS.  P AND A
- CASING/CEMENT JOB

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.

- 1. RUPU and POOH W/ESP equipment
- 2. CO and Treat if necessary
- 3. RIH W/ESP eqmt
- 4. RDPU and clean location
- 5.

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

Spud Date:

[Empty box for Spud Date]

Rig Release Date:

[Empty box for Rig Release Date]

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Terry A. Duncan TITLE WA/LS DATE 11/8/16

Type or print name Terry Duncan E-mail address terry\_a\_duncan@oxy.com PHONE: 575 397-8223

For State Use Only

APPROVED BY: Maley Brown TITLE Dist Supervisor DATE 11/9/2016

Conditions of Approval (if any):

MB