	Submit 1 Copy To Appropriate District State of New Mexico	Form C-103	
	District I – (575) 393-6161 Energy, Minerals and Natural Resources	Revised July 18, 2013	
	1625 N. French Dr., Hobbs, NM 8820 BBS OCD District II – (575) 748-1283	WELL API NO. 30-025-07591	
	811 S. First St. Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease	
	District III - (505) 334-6178 [AN 0 9 2017 1220 South St. Francis Dr.	STATE FEE X	
	District IV – (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.	
	1220 S. St. Francis Dr., Santa Fe, NIRECEIVED		
	SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name	
	(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.)	South Hobbs (G/SA) Unit	
	1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned	8. Well Number 46	1
/	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		
/	Unit Letter L : 1980 feet from the South line and 66		
	Section 3 Township 19-S Range 38-E	NMPM Lea County	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3613' DF		
	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 REMEDIAL WORK ALTERING CASING PLUG AND ADDRESS OF THE PLUG AD		
	PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       P AND A		
	CLOSED-LOOP SYSTEM	_	
	OTHER: TA status extension request OTHER:		
	<ol> <li>Describe proposed or completed operations. (Clearly state all pertinent details, and of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Corr</li> </ol>		
	proposed completion or recompletion.		
	Run MI test to gain extension on temporarily 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	e and belief.	
	SIGNATURE New Office Admin. Associate DATE		
	Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280		
	For State Use Only A		
	Malun MK An ITT	119/2012	7
	APPROVED BY: THE TITLE THE	DATE	1
	Conditions of Approval (if any)		

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