Submit 1 Copy To Appropriate District Office District 1 – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District 11 – (575) 748-1283 811 S. First St., Artesia, NM 88210 District 111 – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Form C-103 Revised August 1, 2011 WELL API NO. 30-025-12514 5. Indicate Type of Lease STATE FEE S 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other: Injector 2. Name of Operator Occidental Permian Ltd.	8. Well Number: 42 9. OGRID Number: 157984
 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 4. Well Location 	10. Pool name or Wildcat Hobbs (G/SA)
Unit LetterL_: 1980feet from the _South line and330	
Section 4 Township 19S Range 38E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
3614' (DF)	
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 MULTIPLE COMPL OTHER: Temporarily Abandon - Change Plans I.3. 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.	
 MIRU PU POOH w/ injection equipment RIH w/ 3-7/8" bit and tag TD RIH w/ 3-7/8" bit and tag TD RIH w/ CIBP for 4.5" casing and SA 3875'. Cap w/ 80' cement (50' cement above liner top) Tag TOC Circulate packer fluid C. O. A 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	
	Condition of Approval: notify OCD Hobbs office 24 hours rior of running MIT Test & Chart
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Production Engineer DATE 01/09/2017 Type or print name Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE: 713-497-2053	
<u>For State Use Only</u> APPROVED BY: <u>Adjust Shown</u> TITLE <u>AD/II</u> DATE <u>1/18/2017</u> Conditions of Approval (if any):	