Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
	OH CONCERVATION DIVISION	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-23206
District III – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE S
1000 Rio Brazos Rd., Aztec NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, INIVI 87303	6. State Oil & Gas Lease No.
87505	IED .	
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
	S TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		North Hobbs (G/SA) Unit
1. Type of Well: Oil Well Gas Well Other Injector		8. Well Number 131
2. Name of Operator	пуска	9. OGRID Number 157984
Occidental Permian, Ltd		
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 : 1	feet from the South line and	feet from the West line
Section 20	Township 18-S Range 38-E	NMPM Lea County
	1. Elevation (Show whether DR, RKB, RT, GR, etc.	
3662' GL		
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		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM	_ / /	
OTHER: OTHER: Casing integrity test		
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.		
Date of test: 04/13/2017		
Pressure readings: Initial - 580 PSI Ending - 540 PSI		
Length of test: 32 minutes		
Witnessed: YES - Kerry Fortner - OCD		
Spud Date:	Rig Release Date:	
Space Date.	Trig Notable Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Thereby certify that the information above is true and complete to the best of my knowledge and benefit		
\sim		
SIGNATURE DATE 04/28/2017		
() ()		
Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280		
For State Use Only		
APPROVED BY: Kerry Forther TITLE Compliance Officer DATE 5-4-17		
APPROVED BY: Temporal (if app):		

