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 August 1, 2011 WELL API NO.	٦
1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283			30-025-28980	
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease	1
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE ☐ FEE ☒	v
District IV - (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name	1
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C.101) FOR SUCH PROPOSALS.)		South Hobbs (G/SA) Unit	-	
PROPOSALS.) HOBBS OCD		8. Well Number 183	١.	
1. Type of Well: Oil Well Gas Well Other			-	
Name of Operator     Occidental Permian Ltd.			9. OGRID Number: 157984	1-
3. Address of Operator			10. Pool name or Wildcat: Hobbs (G/SA)	1
HCR 1 Box 90 Denver City, TX 79	9323 <b>REC</b>	EIVED		
4. Well Location				
Unit LetterE_:2540feet from theNorth line and1423feet from theWestline				
Section 5 Township 19S Range 38E NMPM Lea County				
	11. Elevation (Show whether DR,	RKB, RT, GR, etc.,		
Record to the Section of the Section	3636.7' (KB)		E. C. Carlotte and C. C. Carlotte	i i
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				
TEMPORARILY ABANDON				
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT			T JOB	
DOWNHOLE COMMINGLE				
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) Admit but				
1) MIRU PU 2) POOH with ESP.  During this procedure we plan to use				
3) Treat for any conditions encountered the closed-loop system with a steel				
4) RIH with new ESP tank and haul contents to the required				
5) Return Well to Production disposal per ODC Rule 19.15.17				
disposal pel ODC Itale 23.22.2				
Spud Date:	Rig Releas	e 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 the and complete to the best of my knowledge and benefit				
SIGNATURE TITLE Production Engineer DATE 07/24/2017				
Towns and a local S Con. E-miled to the Conference of the Conferen				
Type or print tame Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE: 713-497-2053  For State Use Only				
VI ALL MKAN THE NOTE OF THE MENTER OF THE PROPERTY OF THE PROP				
APPROVED BY: 0 CULLUS NO CONTINUE AVIII DATE 1/24/2011				
Conditions of Approval (if any)				
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