State of New Mexico
Energy, Minerals and Natural Resources

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

HOBBS OCD
SEP 11 2017
RECEIVED

Form C-103
Revised August 1, 2011

WELL API NO.
30-025-40834

5. Indicate Type of Lease
STATE ☐   FEE ☒

6. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUGBACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒   Gas Well ☐   Other

7. Lease Name or Unit Agreement Name
North Hobbs (G/SA) Unit
Section 18

8. Well Number
833

2. Name of Operator
Occidental Permian Ltd.

9. OGRID Number: 157984

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

10. Pool name or Wildcat
Hobbs (G/SA)

4. Well Location
Unit Letter __L__ : __2035__ feet from the __South__ line and __840__ feet from the __West__ line
Section __18__ Township __18S__ Range __38E__ NMPM Lea County

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3670.3' 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 ☐			
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: [   ]   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 _9/7/2017_ .

Type or print name __ Terry Duncan __ E-mail address terry_a_duncan@oxy.com_ PHONE: _575 397-8223_

For State Use Only

APPROVED BY: _Mary Brown_ TITLE _AO/II_ DATE _9/12/2017_
Conditions of Approval (if any):