

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

HOBBS OGD  
JUN 25 2018  
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG WELL TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-07504
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Temporarily Abandoned		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian, Ltd		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
4. Well Location Unit Letter <u>F</u> : <u>220</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>31</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County		8. Well Number <u>221</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3646' DF		9. OGRID Number <u>157984</u>
		10. Pool name or Wildcat Hobbs (G/SA)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: TA status extension request <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Run MI test to gain extension on temporary abandoned status.

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 Mendy A. Johnson TITLE Admin. Associate DATE 06/22/2018

Type or print name Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com PHONE: 806-592-6280

For State Use Only

APPROVED BY: Mary Brown TITLE AO/I DATE 6/25/2018  
Conditions of Approval (if any):