Submit 1 Copy To Appropriate District BBS State of New Mexico 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 87 District IV – (505) 476-3460 District IV – (505) 476-3460		Form C-103 Revised July 18, 2013
		WELL API NO.
		30-025-05496 5. Indicate Type of Lease
		STATE STATE FEE
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas Lease No.
87505		
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		North Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned		8. Well Number 221
2. Name of Operator		9. OGRID Number 157984
Occidental Permian, Ltd		
3. Address of Operator HCB 1 Poy 99. Denver City, TV 79333		10. Pool name or Wildcat
HCR 1 Box 90 Denver City, TX 79323 4. Well Location		Hobbs (G/SA)
Unit Letter F: 1980 feet from the North line and 2310 feet from the West line		
	nge 37-E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3670' DF		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
TEMPORARILY ABANDON		
PULL OR ALTER CASING		
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER: TA status extension request	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.		
Propose complement of second proposes.		
Run MI test to gain extension on temporary abandoned status.		
Condition of Approval: notify		
OCD Hobbs office 24 hours		
prior of running MIT Test & Chart		
	Γ	
Spud Date: Rig Release Dat	te:	
hereby certify that the information above is true and complete to the best of my knowledge and belief.		
March () Othorn-		
SIGNATURE DATE 07/23/2018		
Type or print name Mendy A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280		
For State Use Only		
APPROVED BY: MALLY STOWN THE AD/I DATE 7/26/2018		
Conditions of Approval (if any):		
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No PROD REPORTED - 288 MONTAS