Submit 1 Copy To Appropriate District Office State of New Mexico	P O 102
Enough Minorals and Natural Descriptors	Form C-103 Revised July 18, 2013
District I - (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, 1885 OCD Energy, Minerals and Natural Resources	WELL API NO.
DISCRETE - (5/3) /46-1263 OIL CONCEDIA TION DIVISION	30-025-29196
011 5. 1 list 5t., Attesta, 144 00210	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87416 Santa Fe, NM 87505	STATE FEE 3.
1220 S. St. Francis Dr., Santa Fe	3. 3 3 3 3 3 1
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS 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 Temporarily Abandoned	8. Well Number 422
Name of Operator Occidental Permian, Ltd	9. OGRID Number 157984
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 H: 2495 feet from the North line and 1	Q sis it East it
Section 19 Township 18-S Range 38-E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
3653' GL	
12. Check Appropriate Box to Indicate Nature of Notice, l	Report or Other Data
NOTICE OF INTENTION TO: SUBS	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	<i>= =</i>
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM OTHER: TA status extension request TX OTHER:	П
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Com	pletions: Attach wellbore diagram of
proposed completion or recompletion.	
Run MI test to gain extension on temporary abandoned status.	
Condition of	Approval: notify
	Approval: notify
OCD Hobb	s office 24 hours
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OCD Hobb prior of running Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge	s office 24 hours g MIT Test & Chart and belief.
OCD Hobb prior of running Spud Date: Rig Release Date:	s office 24 hours g MIT Test & Chart
OCD Hobb prior of running Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE Admin. Associate	s office 24 hours g MIT Test & Chart and belief. DATE 07/23/2018
OCD Hobb prior of running Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE LLA COMPANIE Admin. Associate Type or print name Nandy A. Johnson E-mail address: mendy_johnson	s office 24 hours g MIT Test & Chart and belief. DATE 07/23/2018
Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE TITLE Admin. Associate Type or print name Mandy A. Johnson E-mail address: mendy_johnson For State Use Only	s office 24 hours g MIT Test & Chart and belief. DATE 07/23/2018
OCD Hobb prior of running Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge SIGNATURE LLA COMPANIE Admin. Associate Type or print name Nandy A. Johnson E-mail address: mendy_johnson	s office 24 hours g MIT Test & Chart and belief. DATE 07/23/2018

309 MONTHS