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

HOBBS, OCD

State of New Mexico
Energy, Minerals and Natural Resources

AUG 21 2018 CONSERVATION DIVISION
1220 South St. Francis Dr.
RECEIVED Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-07480	
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 PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Temporarily Abandoned

2. Name of Operator
Occidental Permian, Ltd

3. Address of Operator
HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter N : 440 feet from the South line and 2310 feet from the West line

Section 30 Township 18-S Range 38-E NMPM Lea County

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit

8. Well Number 241

9. OGRID Number 157984

10. Pool name or Wildcat

Hobbs (G/SA)

11. Elevation *(Show whether DR, RKB, RT, GR, etc.)*
3669' DF

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 ☐					
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.

Run MI test to gain extension on TA status.

*Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart*

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 _08/20/2018_

Type or print name _Mendy A. Johnson_ E-mail address: _mendy_johnson@oxy.com_ PHONE: _806-592-6280_

For State Use Only

APPROVED BY: _Marley Brown_ TITLE _AO/I_ DATE _8/22/2018_

Conditions of Approval (if any):