Submit   Copy To Appropriate District State of New Mexico	Form C-103
District I – (575) 393-6161 HOB Benergy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1023 N. FIEREN DI., HUDDS, NIM 80240	30-025-07486
$\frac{District III}{District III} = (505) 334-6178$ $AUG 2 2 2 D South St. Francis Dr.$	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM <b>RECEIVED</b> Santa Fe, NM 87505	STATE X FEE
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	State Land 30
PROPOSALS.)	8. Well Number 8
1. Type of Well: Oil Well       Gas Well       Other Temporarily Abandoned         2. Name of Operator	9. OGRID Number
Oxy USÅ, Inc.	16696
3. Address of Operator	10. Pool name or Wildcat
HCR 1 Box 90 Denver City, TX 79323 4. Well Location	Bowers/7 Rivers
Unit Letter L : 1980 feet from the South line and 66	60 feet from the West line
Section 30 Township 18-S Range 38-E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3663' 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 REMEDIAL WORK	
PULL OR ALTER CASING  MULTIPLE COMPL CASING/CEMENT	JOB 🔲
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.	
<b>Condition of Approval: notify</b>	
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.	
$D_{\alpha}$	
SIGNATURE NUNCTIFLE Administrative Associate DATE 08/20/2018	
Type or print name Mendy Alohnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280	
For State Use Only	
Mai Bran ANT 0/22/2010	
APPROVED BY: DATE O/CL/CUIC TITLE DATE O/CL/CUIC Conditions of Approval (if any):	

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