Submit I Copy To Appropriate District Office _	State of New Mexico		Form C-103
District I = (575) 393-6161	Energy inerals and Natural Resources		Revised July 18, 2013
ICOS N. F I. D. H. H. NIM 00040		WELL API NO.	
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210		30-025-07591	
		5. Indicate Type of Lease STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 874 0 District IV – (505) 476-3460 Sauro Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM	, 51AP		
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			, zease rame or emirigioement rame
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			South Hobbs (G/SA) Unit
1. Type of Well: Oil Well Gas Well Other Temporarily Abandoned			8. Well Number 46
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 L: 1980 feet from the South line and 660 feet from the West line			
Section 3 Township 19-S Range 38-E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3613' 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			
TEMPORARILY ABANDON			
PULL OR ALTER CASING			T JOB 🔲
DOWNHOLE COMMINGLE			
CLOSED-LOOP SYSTEM OTHER: TA status extension request	X	OTHER:	П
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.			
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Condition of Approval: notify			
OCD Hobbs office 24 hours			
prior of running MIT Test & Chart			
Spud Date: Rig Release Date:			
1, 21, 21, 21, 21, 21, 21, 21, 21, 21, 2			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE ULA ADAM TITLE Admin. Associate DATE 11/29/2018			
Type or print name Mentaly A. Johnson E-mail address: mendy_johnson@oxy.com PHONE: 806-592-6280 For State Use Only			
W 1 H K 1 2010			
APPROVED BY: DATE 2/6/2018 Conditions of Approval (if any):			
V			