	Submit 1 Copy To Appropriate District State of New Mexico	Form C-103	
	Office <u>District 1</u> - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Revised July 18, 2013 WELL API NO.	
	District II (575) 749 1293	30-025-05468	
	District III - (5/5) 746-1265 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE Z FEE	
	1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr. Santa Fe, NM RECEIVER, NM 87505	6. State Oil & Gas Lease No.	
	1220 S. St. Francis Dr., Santa Fe, NM REFELTER 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	
Live .	PROPOSALS.) 1. Type of Well: Oil Well 🔽 Gas Well 🗌 Other Temporarily Abandone	d 8. Well Number 412	
unning	2. Name of Operator Occidental Permian, Ltd	9. OGRID Number 157984	
-	3. Address of Operator	10. Pool name or Wildcat	
	2611 State Hwy 214 Denver City, TX 79323	Hobbs (G/SA)	
	4. Well Location	760 feet from the East line	
	Unit Letter A : 990 feet from the North line and Section 23 Township 18-S Range 37-E	760 feet from the East line NMPM Lea County Image: Count	
	11. Elevation (Show whether DR, RKB, RT, GR,		
	3670' GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
	NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK DILLUG AND ABANDON DILLUGAND REMEDIAL WORK DILLUGAND CASING DILLUGAND		
	PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
	DOWNHOLE COMMINGLE		
	OTHER: TA status extension request / D 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		
	From of Funning Will I fest & Chart		
	x		
	Spud Date: Rig Release Date:		
i	Spud Date: Rig Release Date:		
_			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
The d A Col			
SIGNATURE LACK DATE 12/19/2018			
-	Type or print name Mondy A. Johnson E-mail address: mendy_joh	nson@oxy.com PHONE: 806-592-6280	
	For State Use Only		
	APPROVED BY: Jone Down TITLE Ono Ance	upravisor DATE /2/20/18	
	Conditions of Approval (it any):	yearist one off offo	

/

/