Submit 1 Copy To Appropriate District State of New Mexico	Form C-103
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	es Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 g. * CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210	N 30-025-28977
District III - (505) 334-6178 1220 South St. Enongia Dr	5. Indicate Type of Lease STATE FEE
$\frac{District IV}{1000 \text{ Rio Brazos Rd., Aztec, NM 8DEC 2 0 2018}}$ $\frac{1220 \text{ South St. Francis D1.}}{\text{Santa Fe, NM 87505}}$	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
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)	A 7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other:	8. Well Number: 179
2. Name of Operator	9. OGRID Number: 157984
Occidental Permian Ltd. 3. Address of Operator	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323	
4. Well Location	
Unit Letter F: 1488_feet from the North line and 2490_feet from the West_line Section 5 Township 19S Range 38E NMPM Lea County	
Section 5 Township 19S Range 11. Elevation (Show whether DR, RKB, RT, G	
3622.3' (GR)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
	CE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/C	
OTHER: OTHER:	
 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. 	
	During this procedure we plan to use
1. MIKU PU.	the closed-loop system with a steel
3. RIH with WL and set CIBP at 4095' and cap with 60' of cement	tank and haul contents to the required
4. RIH with WL and set CIBP at 4025' and cap with 10' of cement disposal per ODC Rule 19.15.17	
 Circulate inhibited fluid Cap well and perform MIT RDMO 	ndition of APPROVA(: OCD HOBBS OFFICE 24 Prior to Running Test+Chant
Not fu	OCD HABRE AFFICE 211
	CED FIDDES OFFICE OF
Hours	Prior to Kunning Test + Chant
Spud Date: Rig Release Date:	
	· · · · · ·
I hereby certify that the information above is true and complete to the best of my know	owledge and belief
$\cap P$	
SIGNATURE	
Type or print name Jake Perry E-mail address: Jake_Perry@oxy.com PHONE: 713-215-7546	
For State Use Only	
APPROVED BY: <u>Jun Daw</u> TITLE Ompliance Supervisor DATE 20/1/ Conditions of Approval of any?	
Conditions of Apple var in any.	
-	\langle