Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised August 1, 2011
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	Energy, Minerals and Natural Resources	WELL API NO. 30-025-12732
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 Sou <b>HOBBS</b> is <b>OCD</b>	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis De, Santa Fa, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	APR 1 8 2019 ICES AND REPORTS ON WELLS	19552         7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEED TO A CATION FOR PERMIT (FORM C-101) FOR SUCH	North Hobbs (G/SA) Unit
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other: Injector	8. Well Number: 441
2. Name of Operator	<u> </u>	9. OGRID Number:
Oc 3. Address of Operator	cidental Permian Ltd.	157984 10. Pool name or Wildcat
	x 4294, Houston, TX, 77210	Hobbs (G/SA)
4. Well Location Unit Letter <u>P: 330</u> feet from the <u>South</u> line and <u>300</u> feet from the <u>East</u> line		
Section 13	Township 18S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3665' (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 ALTERING CASING REMEDIAL WORK		
PULL OR ALTER CASING	MULTIPLE COMPL	
OTHER:	OTHER:	
<ol> <li>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.</li> </ol>		
1. MIRU PU x NDWD - NUBOP		
During this procedure we plan to dee		
<ol> <li>RIH with CIBP and set @ ~ 3950'</li> <li>Cap CIBP with 25 sxs of cement.</li> <li>Cap CIBP with 25 sxs of cement.</li> </ol>		
<ol> <li>Tag top of cement and report.</li> <li>POOH with WS</li> </ol>	unning An 24 hours dis	posal per ODC Rule 19.15.17
7. RDPU	Tress P	
	t OCD Hohh of Approval: the tan to prior of running MIT Test & Chart Rig Release Date:	
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURETITLE Production EngineerDATEDATEDATEDATE		
Type or print name <u>Carlos Restrepo</u> E-mail address <u>carlos restrepo@oxy.com</u> PHONE: <u>713-838-5772</u> For State Use Only		
APPROVED BY: <u>Xerry</u> 70 Conditions of Approval (if ary):	TITLE Compliance Office	nA DATE 4-22-19

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