

WELL API NO.  
30-025-38110

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

19552

7. Lease Name or Unit Agreement Name

North Hobbs Unit (G/SA)

8. Well Number 529

9. OGRID Number

157984

10. Pool name or Wildcat

Hobbs (G/SA)

## 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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

Occidental Permian Ltd

3. Address of Operator

P.O. Box 4294, Houston, TX 77210

4. Well Location

Unit Letter N : 780 feet from the South line and 1940 feet from the West line  
Section 18 Township 18S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3624' KB

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐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.

- MIRU x NDWH x NUBOP
- Shot drainholes @ 3918'
- RU spooler x POOH ESP x 124 jts
- RIH 4 3/4" x cleaned well
- Pump 500 gals xylene
- Run acid job w/ 2000 glas 15% pad acid
- RIH ESP x 125jts
- RD x NDBOP x NUWH x MO Location

Spud Date:

06/06/16

Rig Release Date:

06/10/16

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE Regulatory Coordinator

DATE 08/10/2016

Type or print name April Hood

E-mail address: April\_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

TITLE

Dist Supervisor

DATE

8/15/2016

Conditions of Approval (if any):