

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|   |
|---|
| WELL API NO.<br>30-025-31662  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>North Hobbs G/SA Unit                                       |
| 8. Well Number 144  |
| 9. OGRID Number<br>157984   |
| 10. Pool name or Wildcat<br>Hobbs; (G/SA)   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3627' GL                                      |

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO PLUG OR TO ABANDON OR TO CHANGE PLANS OR TO MULTIPLE COMPLETIONS OR TO ALTER CASING OR TO PULL OR TO ALTER CASING OR TO DOWNHOLE COMMINGLE OR TO CLOSED-LOOP SYSTEM OR TO OTHER. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

|   |
|---|
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                  |
| 2. Name of Operator<br>Occidental Permian LTD   |
| 3. Address of Operator<br>PO Box 4294 Houston, TX 77210   |
| 4. Well Location<br>Unit Letter M : 786 feet from the S line and 1175 feet from the W line<br>Section 32 Township 18S Range 38E NMPM County Lea |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3627' GL  |

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

| NOTICE OF INTENTION TO:                        |   | SUBSEQUENT REPORT OF:                             |  |
|--|---|---|--|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/>  | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>  | MULTIPLE COMPL <input type="checkbox"/>   | CASING/CEMENT JOB <input type="checkbox"/>        |  |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |   |   |  |
| CLOSED-LOOP SYSTEM <input type="checkbox"/>    |   |   |  |
| OTHER: <input type="checkbox"/>                |   | OTHER: CTP <input type="checkbox"/>               |  |

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.

11/26/18: MIRU x NDWH x NUBOP. POOH duoline tbq x injection equipment. 11/27/18: RIH 4 3/4" bit x tagged fill @4042'.  
11/28/18: Shot new perfts from 4104' to 4310' Ran acid job w/ 4600 gals 15% IC 200 acid x flushed casing w/ 80 bbls 10 # BW.  
11/29/18: RIH 5 1/2" cibp @4100' x dump bailed 8' cmt on top. RIH 5 1/2" cigr @3995'. 11/30/18: Pumped 150 sxs thixotropic cmt x 600 sxs class c. Pumped 150 more sxs thixotropic cmt x 400 sxs class c cmt w/ 13 bbls BW. Squeezed to 2000 psi x stung out of retainer. 12/3/18 - 12/5/18: RIH 4 3/4" bit x tagged cigr @3995'. Drilled from 3995' to 4335 x circ well clean. 12/6/18: Shot perfs 4132' - 4308'. Pumped 4600 gals 15% IC200 x flushed csg w 80 bbls 10# BW. 12/11/18: Tagged td @ 4317'. RIH 128 jts 2 7/8" tbq @3905 x esp @ 4000'. 12/12/18: RD x NDBOP x NUWH. \*\*\* Well is currently on production \*\*\*

Spud Date:

11/26/2018

Rig Release Date:

12/12/2018

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

SIGNATURE  TITLE Regulatory Specialist DATE 05/06/2019

Type or print name April Hood E-mail address: April\_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY:  TITLE DATE 05/22/19

Conditions of Approval (if any):