

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

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

WELL API NO.

30-025-37409

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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 WIW

2. Name of Operator

Occidental Permian Ltd.

3. Address of Operator

P.O. Box 4294, Houston, TX 77210-4294

4. Well Location

Unit Letter I : 1665 feet from the South line and 1240 feet from the East line

Section 29 Township 18-S Range 38-E NMPM County Lea

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

3646' GR

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: Coiled Tubing Cleanout ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

9/26/14 - 9/29/14:

MI Coiled Tubing Unit. RU CTU x RIH w/perf cleaning tool to 4267'. Pull up to 4050' w/tool x water wash perfs from 4091' - 4241'. Pump 10 bbl gel sweep. Close backside x acid wash perfs w/2500 gal. 15% NEFE HCL. Let acid soak x pump second 10 bbl gel sweep x flow back returns. Circulate well clean. POOH with cleaning tool x RD CTU. Return well to injection.

Spud Date:

RU - 9/26/14

Rig Release Date:

RD - 9/29/14

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

SIGNATURE Mark Stephens TITLE Regulatory Compliance Analyst DATE 10/1/14

Mark_Stephens@oxy.com

Type or print name Mark Stephens

E-mail address: Mark_Stephens@oxy.com PHONE (713) 366-5158

For State Use Only

APPROVED BY Mark M. Brown TITLE Dist. Supervisor DATE 10/9/2014

Conditions of Approval (if any):

OCT 09 2014