

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

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.)		WELL API NO. 30-025-12496
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No. N/A
3. Address of Operator P.O. Box 4294, Houston, TX 77210		7. Lease Name or Unit Agreement Name North Hobbs Unit (G/SA)
4. Well Location Unit Letter M : 330 feet from the South line and 330 feet from the West line Section 28 Township 18S Range 38E NMPM County Lea		8. Well Number 141
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3639' GL		9. OGRID Number 157984
		10. Pool name or Wildcat Hobbs (G/SA)

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: <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.

(3/17/16) MIRU, killed well, ND wellhead, NUBOP, and rig up workflow. POOH w/ 125 jts tbg, ESP equipment, disassembled ESP equipment and it tested negative for NORM, but pumps were locked. RIH w/ 5" treating pkr w/ downhole pressure shut off valve and set @ 3948', pressure tested to 600 psi and it held. Pumped 500 gals xylene mixed w/ 50 gals 6495B chemical and flushed with 25 bbls FW, shut down hole valve and pressure tested to 1500 psi which held. POOH w/ pkr and tbg. Assembled ESP equipment and RIH w/ 125 jts tbg and ESP equipment. NDBOP, NU wellhead and tested tree to 3000 psi, which held, RD workflow, cleaned location and MO location.

Spud Date:

3/17/2016

Rig Release Date:

3/22/2016

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

SIGNATURE

Sarah Mitchell

TITLE Regulatory Specialist

DATE

5/2/16

Type or print name Sarah Mitchell

E-mail address: sarah_mitchell@oxy.com

PHONE: 713-366-5469

For State Use Only

APPROVED BY:

Mahey Brown

TITLE

Dist Supervisor

DATE

5/3/2016

Conditions of Approval (if any):

MAY 04 2016

W