

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

HOBBS OGD State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO. 30-025-31424
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. State of New Mexico A-1212-0002
7. Lease Name or Unit Agreement Name South Hobbs Unit
8. Well Number 238
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3620' KB

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 ☒ Injection

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
P.O. Box 4294, Houston, TX 77210

4. Well Location
Unit Letter O : 660 feet from the South line and 2610 feet from the East line
Section 4 Township 19S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3620' KB

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.

(4/25/2016) MIRU, killed well, ND WH, NUBOP, unset injection pkr. POOH w/ injection pkr, 130 jts tbg. RIH w/ 4 3/4" bit, 130 jts tbg to 4200', circ well clean and POOH w/ tools. RIH and set CIBP @4120', mixed and dumped 1 sx cmt on CIBP. RIH w/ WL and perfed csg: 4072'-4080', 4068'-4070'. RIH w/ treating pkr and set @ 4050', tested to 600 psi and it held. Spotted 600 gals 15% NEFE with 8 bbls of 10# BW, flushed tbg w/ 30 BBLs 10# BW. Unset and POOH w/ treating pkr, RIH w/ injection pkr and set @ 4022'. RIH w/ 5 1/2" on/off tool, 128 jts tbg, latched on to pkr, and spaced out tbg w/ subs. Pressure tested csg to 600 psi, pressure tested tbg to 1000 psi and both held. RD workfloor, NDBOP, NU wellhead, Ran MIT for NMOCD, pumped 50 BBLs 10 # BW @ 1.5 BBLs/min w/ 1000 psi. RD PU, cleaned location, MO location.

Spud Date:

4/25/2016

Rig Release Date:

4/29/2016

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 5/31/16

Type or print name Sarah Mitchell E-mail address: sarah_mitchell@oxy.com PHONE: 713-366-5469

For State Use Only

APPROVED BY: Marky Stinson TITLE Dist Supervisor DATE 6/6/2016

Conditions of Approval (if any):

For David's
For David's