

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
HOBBS OCD
OIL CONSERVATION DIVISION
220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

RECEIVED NOV 08 2017		WELL API NO. 30-025-43606
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.)		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector		6. State Oil & Gas Lease No.
2. Name of Operator Occidental Permian Ltd.		7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit
3. Address of Operator P.O. Box 4294 Houston, TX 77210		8. Well Number 667
4. Well Location Unit Letter <u>C</u> : <u>842</u> feet from the <u>North</u> line and <u>1858</u> feet from the <u>West</u> line Section <u>24</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County		9. OGRID Number 157984
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3675' GR		10. Pool name or Wildcat Hobbs (GSA)

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 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: Completion <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.

8/02/17 - perf'd 4451' - 4638'

8/03/17 - acid job with 4800 gals 15% NEFE

8/04/17 - set 7" PKR @ 4412'

8/04/17 - ran 2 7/8" tubing @ 4405'

8/04/17 - ran MIT. Chart Attached

Spud Date:

08/02/17

Rig Release Date:

08/04/17

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

SIGNATURE

April Hood

TITLE Regulatory Specialist

DATE 11/08/17

Type or print name April Hood

E-mail address: April_Hood@oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

Mary Brown

TITLE

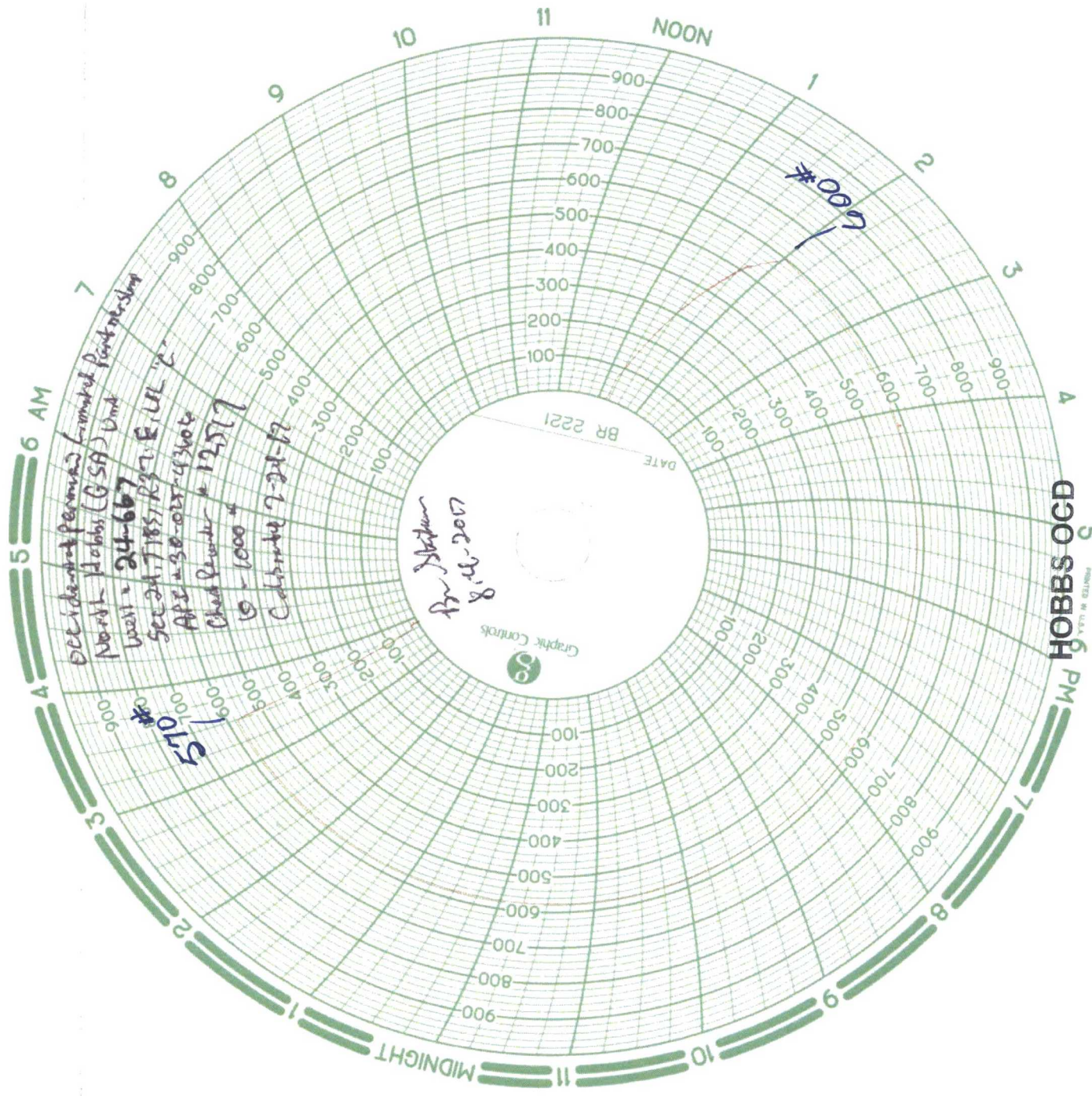
AO/II

DATE

11/8/2017

Conditions of Approval (if any):

RBDMS - CHART - ✓



HOBBS OCD

NOV 08 2017

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