

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1285
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3466
1220 S. St. Francis Dr., Santa Fe, NM
87505

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. 30-025-44312 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit ✓
8. Well Number 291 ✓
9. OGRID Number 157984 ✓
10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3636' 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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd. ✓	
3. Address of Operator P.O. Box 4294 Houston, TX 77210	
4. Well Location Unit Letter J : 1608 feet from the S line and 1468 feet from the E line Section 6 Township 19S Range 38E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3636' 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	P AND A <input type="checkbox"/>
CLOSED-LOOP SYSTEM <input type="checkbox"/>	CASING/CEMENT JOB <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.

3/14/18 - perf'd 272 holes 4306' - 4468'

3/15/18 - acid job with 6636 gals 15% HC

3/16/18 - set 7" PKR @ 4280'

3/16/18 - ran 2 7/8" tubing @ 4271'

3/16/18 - Ran MIT - Chart attached

Spud Date:

03/12/18 (RUPU)

Rig Release Date:

03/16/18 (RDPU)

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 03/26/18

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

4/3/2018

Conditions of Approval (if any):

INITIAL TEST

RBDMS-CHART-✓

PRINTED IN U.S.A.

64 MIN

72 MIN

80 MIN

88 MIN

NW 96

START

NW 8

NW 16

24 MIN

32 MIN

40 MIN

48 MIN

56 MIN

HOBBS OCD
MAR 29 2018
RECEIVED

Graphic Controls LLC
(6.375 ARC LINE GRAD.)

3-16-2018
DATE STOU-291
MCI P 0-1000-8-96MIN

Cesov
Bnars

029,

5th 291
Set 6-T-19-S-R-37-ENV J
Hobbs GSA Field 300544312

085