

WELL API NO. 30-025-23130
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
8. Well Number 424
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; Grayburg - San Andres

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> 2. Name of Operator Occidental Permian LTD 3. Address of Operator PO Box 4294 Houston, TX 77210 4. Well Location Unit Letter H : 1930 feet from the N line and 660 feet from the E line Section 33 Township 18S Range 38E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3647' GR	
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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 ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: ☐

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.

MIRU x NDWH x NUBOP.

POOH 126 jts tbq x ESP equipment.

RIH 4 3/4" bit x tagged @ 4834'.

Shot new perfs @ 4255' to 4285' w/ total of 88 holes.

RIH w/ 5 1/2" ppi tools x ran acid job w/ 1500 gals 15% IC 200 x flushed csg.

RIH w/ 126 jts tbq @ 3944' x ESP @ 4007'.

RD x NDBOP x NUWH.

Spud Date:

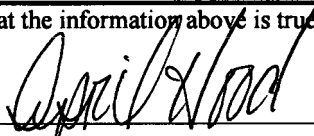
05/04/2018

Rig Release Date:

05/09/2018

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

SIGNATURE



TITLE

Regulatory Specialist

DATE

06/13/2018

Type or print name

April Hood

E-mail address:

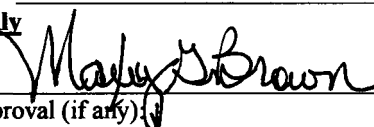
April_Hood@Oxy.com

PHONE:

713-366-5771

For State Use Only

APPROVED BY:



TITLE

AO/I

DATE

6/21/2018

Conditions of Approval (if any):