| Submit 1 Copy To Appropriate District | State of New Mexico | Form C-103 | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------|--|--|
| Office District I – (575) 393-6161 | Energy, Minerals and Natural Resources | Revised July 18, 2013 | | |
| 1625 N. French Dr., Hobbs, NM 88240 | oco | WELL API NO. 30-025-07536 | | |
| <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | 5. Indicate Type of Lease | | |
| <u>District III</u> - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 | 1220 South St. Francis Pr. | STATE X FEE | | |
| <u>District IV</u> - (505) 476-3460 | Santa Fe, NMB 2505 | 6. State Oil & Gas Lease No. | | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | DEO | | | |
| | ES AND REPORTS ON WEARS | 7. Lease Name or Unit Agreement Name | | |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN SEPTLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | North Hobbs G/SA Unit | | |
| PROPOSALS.) | | 8. Well Number 441 | | |
| 1. Type of Well: Oil Well X Gas Well Other | | 9. OGRID Number | | |
| 2. Name of Operator Occidental Permian LTD | | 157984 | | |
| 3. Address of Operator | | 10. Pool name or Wildcat | | |
| PO Box 4294 Houston, TX 77 | Hobbs; (G/SA) | | | |
| 4. Well Location | | | | |
| Unit Letter P: | 660feet from theS line and | 6600 feet from the E line | | |
| Section 32 | Township 18S Range 38E | NMPM County Lea | | |
| | 11. Elevation (Show whether DR, RKB, RT, GR, o 3634' KB | etc.) | | |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P AND A DOWNHOLE COMMINGLE OTHER: OTHER: Image: Closed or completed operations. 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. | | | | |
| 10/14/19: MIRU x NDWH x NUBOP. 10/15/19: POOH 123 jts 2 3/8 tbg x esp equipment. RIH 4 1/4" bit x tagged @ 4320. 10/16/19: RIH 5" AS1-X treating pkr @4000' x pumped 500 gals xylene w/ 55 gals PAO72 x flushed w/ 16 bbls FW. 10/17/19: RIH 123 jts 2 3/8" tbg @ 3880' x esp @ 4037'. 10/18/19: NDBOP x NUWH. | | | | |
| Spud Date: 10/14/2019 | Rig Release Date: 10/18 | | | |
| | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |

| SIGNATURE JAN SANTOS | _TITLE Regulatory Specialist | DATE12/17/2019 |
|----------------------------------------------------------------|-----------------------------------|----------------------|
| Type or print name April Santos | E-mail address:April_Hood@Oxy.com | _ PHONE:713-366-5771 |
| For State Use Only | | NO OZIG |
| APPROVED BY: <u>June</u> Conditions of Approval (if any): J | | DATE 12-23-19 |