

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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-12758
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit Section 31
8. Well Number 431
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3641' GR

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 ☐

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
Unit Letter I : 2310 feet from the North line and 330 feet from the East line  
Section 31 Township 18S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3641' GR

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.

MIPU x RU Equipment. POOH rods x pump. ND WH x NU BOP. POOH 134 jts. x bha. RIH 4 3/4" bit x tagged @ 4224 (PBDT) x SION. RIH bha x tubing x set tac @ 3991. ND BOP x NU WH. RIH rods x pump. MO location.

Spud Date:

08/17/15 (RUPU)

Rig Release Date:

08/20/15 (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 Coordinator

DATE 10/26/15

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 Dist Supervisor

DATE 11/12/2015

Conditions of Approval (if any):

NOV 18 2015

dm