Submit 1 Copy To Appropriate District Office	State of New Me	THE OWNER AND		rm C-103							
District I - (575) 393-6161 Energy	, Minerals and Natu	337737	T ADINO	uly 18, 2013							
District II - (575) 748-1283	ONSERVATION	DIVISIONS OCE. In	-025-38125	V							
811 S. First St., Artesia, NM 88210 OIL C District III - (505) 334-6178 1	220 South St. Fran	Division 5. In	dicate Type of Lease								
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87		STATE FEE tate Oil & Gas Lease No.	X							
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505											
SUNDRY NOTICES AND REPORTS ON WELLS			<ul> <li>7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit Section 19</li> <li>8. Well Number 638</li> <li>9. OGRID Number 157984</li> <li>10. Pool name or Wildcat</li> </ul>								
						P.O. Box 4294 Houston, TX 77210			Hobbs (GSA)		
						4. Well Location	at from the Month	line and 1979	fact from the Fact	line	
							eet from the <u>North</u> ownship 18S Ra	line and <u>1878</u> ange 38E NME	the second se	line	
	on (Show whether DR,		Lea County								
3676' KB				175 MAL							
TEMPORARILY ABANDON       CHANGE F         PULL OR ALTER CASING       MULTIPLE         DOWNHOLE COMMINGLE       Image: Commingle for the second				ASING							
CLOSED-LOOP SYSTEM		OTHER: Deepening									
<ul> <li>of starting any proposed work). SEE RU proposed completion or recompletion.</li> <li>MIRU x NDWH x NUBOP</li> <li>Shot drain holes @ 3966'</li> <li>POOH tbg x ESP</li> <li>RIH 4 3/4" bit x drill to new T</li> </ul>		. For Multiple Complete									
<ul> <li>Shot new perfs 4356' – 4380</li> </ul>	)'										
• RIH rbp @ 4384'	() <u></u>										
<ul> <li>Acid job perfs w/ 1500 gals 1</li> </ul>	15% NEFE										
<ul> <li>POOH rbp</li> </ul>											
<ul> <li>RIH 125 jts tbg x ESP</li> </ul>											
RD x NDBOP x NUWH	Longe - Kirelan		7.11b								
Spud Date: 09/30/15 (RUPU)	C: Rig Release Da	te: 10/09/15 (RDPL	J)								
I hereby certify that the information above is true	and complete to the be	est of my knowledge and b	elief.	2.11.11							
April Hourd		ulatory Coordinator									
SIGNATURE APPORT NOU			DATE12/21/15								
Type or print name April Hood For State Use Only A	E-mail address	: April_Hood@ oxy.com	PHONE:713-3	866-5771							
APPROVED BY: Maley Sho Conditions of Approval (if any):	WATTILE Dis	st Supervi	BOL DATE 12/2	4/2013							
		DEC 3 1 2015		W							

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