| Submit I Copy To Appropriate District HOB State of New Mexico Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II = (575) 748-1283 | Form C-103 Revised August 1, 2011 |
|--|---|
| 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 87419 District IV – (505) 476-3460 Santa Fe, NM 87505 | WELL API NO. |
| DISTICT ON CONCEPTATION DIVISION | 30-025-23522 |
| District III – (505) 334-6178 | 5. Indicate Type of Lease |
| 1000 Rio Brazos Rd., Aztec, NM 81419 C.S., Santa Fe, NM 87505 | STATE FEE |
| 811 S. First St., Artesia, NM 88210 2010 2016 1220 South St. Francis Dr. District III - (505) 334-6178 2016 1220 South St. Francis Dr. District IV - (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505 | o. State on & Gas Lease No. |
| 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.) | 7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit |
| 1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other Injector | 8. Well Number 24-411 |
| 2. Name of Operator Occidental Permian Ltd. | 9. OGRID Number: 157984 |
| 3. Address of Operator | 10. Pool name or Wildcat Hobbs (G/SA) |
| HCR 1 Box 90 Denver City, TX 79323 | |
| 4. Well Location | |
| Unit Letter A : 990 feet from the North line and 990 feet from the | |
| Section 24 Township 18S Range 37E 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | NMPM Lea County |
| 3679' (KB) | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK INTENTION OTHER: I OTHER: I OTHER I MIRU PU 2) POOH with ESP 3) Deepen wellbore to 4455' 4) RU Archer and run CNL/GR/CCL log 5) Perf 4132-4270' (gross interval) 6) Acidize all pay & OH | |
| Store W/ | SUBSEQUENT C-105 |
| Spud Date: Rig Release Date: | MES. |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE | |
| Type or print nameConor McGinnis E-mail address: <u>conor mcginnis@oxy.com</u> PHONE: <u>713-825-0902</u> <u>For State Use Only</u> APPROVED BY: <u>Approval (if any)</u> Conditions of Approval (if any) | |

APR 2 1 2016

7MB