

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-07572
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd		6. State Oil & Gas Lease No. N/A
3. Address of Operator P.O. Box 4294, Houston, TX 77210		7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA)
4. Well Location Unit Letter M : 660 feet from the South line and 660 feet from the West line Section 34 Township 18S Range 38E NMPM County Lea		8. Well Number 6
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3630' RDB		9. OGRID Number 157984
		10. Pool name or Wildcat Hobbs (G/SA)

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.

(4/26/15) MIRU pulling unit and equipment, killed well, ND wellhead, and NUBOP. POOH w/ 121 jts tbq, ESP equipment, ESP tested positive for NORM and was placed on forklift and taken away. RIH w/ 4 3/4" bit to open and clean scale, tagged @ 4310', and circ hole clean w/130 BBLs FW. POOH w/ tbq, RIH w/ 123 jts blueband, pumped 90 gals scale squeeze 6490 mix w/ 56 BBLs FW and flushed w/ 9 gals 9041 mixed w/ 194 BBLs FW. RIH w/ 4 3/4" bit, 133 jts to 4250', and POOH w/ bit and tbq. RIH w/ 7 jts fiberglass tbq capillary, ESP equipment, 123 joints tbq. NDBOP, NU well head and tested to 3000 psi. RD PU and equipment, clean location and MO location.

Spud Date:

4/26/16

Rig Release Date:

5/3/2016

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

SIGNATURE Sarah Mitchell TITLE Regulatory Specialist DATE 5/31/2016

Type or print name Sarah Mitchell E-mail address: sarah\_mitchell@oxy.com PHONE: 713-366-5469

For State Use Only

APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 6/2/2016  
Conditions of Approval (if any):