

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-36193
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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian Ltd		6. State Oil & Gas Lease No. 19552
3. Address of Operator P.O. Box 4294, Houston, TX 77210		7. Lease Name or Unit Agreement Name North Hobbs Unit (G/SA)
4. Well Location Unit Letter <u>I</u> : <u>1802</u> feet from the <u>South</u> line and <u>815</u> feet from the <u>East</u> line Section <u>24</u> Township <u>18S</u> Range <u>37</u> NMPM County <u>Lea</u>		8. Well Number <u>549</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3656' GL		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:

- PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☒ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: Deepening ☐

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.

- MIRU x NDWH x NUBOP
- RU spooler x POOH ESP x 125 jts
- RIH 4 3/4" x drilled to new TD @ 4470'
- Perf'd 4182' - 4215' w/ 74 holes
- Run acid job w/ 2150 glas 15% pad acid
- RIH ESP x 122jts
- RD x NDBOP x NUWH x MO Location

← NEW TD
← PERFS

Spud Date:

06/09/16

Rig Release Date:

06/17/16

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 08/10/2016

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

8/15/2016

Conditions of Approval (if any):