

HOBBS OGD

SEP 20 2016

RECEIVED

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.
30-025-35332

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

19552

7. Lease Name or Unit Agreement Name

North Hobbs Unit (G/SA)

8. Well Number 621

9. OGRID Number

157984

10. Pool name or Wildcat

Hobbs (G/SA)

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 C : 927 feet from the North line and 2158 feet from the West line
Section 30 Township 18S Range 38E NMPM County Lea11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3655' GR

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: ☒

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. POOH 130 jts tbg x ESP. RIH 4 3/4" bit x taged PBTD @ 4325'.

RIH WL x perf'd 4114' - 4274' w/ 116 total holes. Ran acid job w/ 3930 gals 15% pad acid x

flushed w/ 50 bbls FW. Pumped scale squeeze w/ 55 gals PAW3900 w/ 78 bbls FW x 660 gals

RE33125SCW x flushed w/ 900 bbls FW. RIH 128 jts tbg x ESP. RD x NDBOP x NUWH.

Spud Date:

07/18/16

Rig Release Date:

07/26/16

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

SIGNATURE

TITLE Regulatory Coordinator

DATE 09/14/2016

Type or print name April Hood

E-mail address: April_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

TITLE

Dist. Supervisor

DATE

9/20/2016

Conditions of Approval (if any):