| Submit 1 Copy To Appropriate District Office   |  | State of New Mexico |                 | Form C-103<br>Revised July 18, 2013 |   |  |  |
|--|--|---------------------|-----------------|-------------------------------------|---|--|--|
| District II - (575) 393-6161  District II - (575) 748-1283  811 S. First St., Artesia, NM 88210  District III - (505) 334-6178  1000 Rio Brazos Rd., Aztec, NM 87410  Energy, Minerals and Natural Resources  OCD  OCT  1 2 2018 220 South St. Francis Dr. |  |                     |                 | WELL API NO.<br>30-025-29750        |   |  |  |
|  |  |                     |                 | 5. Indicate Type of Lease           |   |  |  |
|  |  |                     |                 | STATE FEE                           |   |  |  |
| District IV - (505) 476-3460  1330 S St. Fennis Dr. Sonte Fo. NIVI 8 / 303   |  |                     |                 | 6. State                            | Oil & Gas Lease N   | lo.  |  |
| 87505  |  |                     |                 | 19552                               |   |  |  |
| 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  |  |                     |                 |                                     | 7. Lease Name or Unit Agreement Name  South Hobbs Unit (G/SA) |  |  |
| PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other  |  |                     |                 | 8. Well                             | 8. Well Number 211  |  |  |
| Name of Operator     Occidental Permian Ltd  |  |                     |                 |                                     | 9. OGRID Number<br>157984                                     |  |  |
| 3. Address of Operator   |  |                     |                 | 10. Pool name or Wildcat            |   |  |  |
| P.O. Box 4294, Houston, TX 77210   |  |                     |                 | Hobbs (G/SA)                        |   |  |  |
| 4. Well Location   |  |                     |                 |                                     |   | SECTION Y  |  |
| Unit Letter E :  | 1790feet from the _                                | North               | _ line and      | 1420                                |   | West line  |  |
| Section 5  | Township   | 19S Range           | 38E             | NMPM                                | County  | Lea  |  |
|  | 11. Elevation (Show who 3615' GL                   | ether DR, RKI       | 3; KT, GR, etc  | :.)                                 |   |  |  |
|  |  | 1,3                 |                 | 7                                   |   |  |  |
| 12. Check  | Appropriate Box to Inc                             | licate Natur        | e of Notice     | Report of                           | r Other Data  |  |  |
|  |  |                     |                 |                                     |   |  |  |
| E-PERMITTING <sw< td=""><td>DINJECTION&gt;</td><td></td><td></td><td></td><td>NT REPORT</td><td>and the second second second</td></sw<>  | DINJECTION>  |                     |                 |                                     | NT REPORT   | and the second second second   |  |
| CONVERSION RBDMS M5 REMEDIAL WORK ALTERING CASING COMMENCE DRIVENIC ORDER TO BRANDA  |  |                     |                 |                                     |   | Property of the Park of the Pa |  |
| RETURN TO TA COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB   |  |                     |                 |                                     |   |  |  |
| CSNG ENVIRO_   | CHG LOC  | _                   | 0111070211121   |                                     |   |  |  |
| INT TO PA P&A N  | IRP&A R  |                     | _               |                                     |   | NY OF E  |  |
| 12 D   | 1-1-1  |                     |                 | emporarily /                        |   | X  |  |
| <ol> <li>Describe proposed or comp<br/>of starting any proposed w</li> </ol>   |  |                     |                 |                                     |   |  |  |
| proposed completion or rec   |  | THINIAC. TO         | n within the Co | ompicuons.                          | Attach wellbore di  | agram or   |  |
|  |  |                     |                 |                                     |   |  |  |
|  | JBOP. POOH 124 jts prod t<br>NDBOP x RDMO. Chart a |                     | CIBP @ 386      | 0' w/ 3 sx cn                       | nt. TOC @ 3810'   |  |  |
|  | ***Well is a                                       | urrently TA'd**     |                 |                                     |   |  |  |
|  |  | ile Tak             |                 | . 1                                 |   |  |  |
|  | This App<br>Abandon                                | muol of Te          | mporary         | 10/2                                | ND  |  |  |
|  | This App   | Uvar Or             | ires &          | 11/2                                | DIO   |  |  |
|  | Abandon  | ment LAP            | 1100            |                                     |   |  |  |
|  |  |                     |                 |                                     |   |  |  |
|  |  |                     |                 |                                     |   |  |  |
|  |  |                     |                 |                                     |   |  |  |
| Spud Date: 08/04/16  | Rig Ro   | elease Date:        | 08/09/16        |                                     |   |  |  |
| a the state of   |  |                     |                 |                                     |   |  |  |
| I hereby certify that the information  | above is true and complete                         | to the hest of      | my knowled      | ge and helie                        | f   |  |  |
| Thereby certify that the information   | above is true and complete                         | to the best of      | my knowied      | ge and bene                         | 1.  |  |  |
| ( h211/  | XMIX   |                     |                 |                                     |   |  |  |
| SIGNATURE COLUMN   | TITL   | E Regulatory        | Coordinator     |                                     | DATE10  | 0/10/2016  |  |
| Type or print name April Hood  | F.ma   | il address: Ap      | oril Hood@O     | xv.com                              | PHONE: 7  | 13-366-5771  |  |
| For State Use Only   | <i>1</i>   | ii audiess. A       |                 | .,                                  | I HONE/   | 1  |  |
| W Alan   | 1 Kan 50   | Nint                | S 1.            | 1.                                  | 10  | In mu  |  |
| APPROVED BY: Conditions of Approval (if any);  | JULIU CTITLE                                       | NUL                 | Juke            | wisol                               | DATE 1  | 116/00/10  |  |

