

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
HOBBBS OIL & GAS CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
APR 03 2017

Form C-103
Revised August 1, 2011

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. 30-025-37428
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.
3. Address of Operator 1017 West Stanolind Road Hobbs, New Mexico 88240		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 31
4. Well Location Unit Letter <u>B</u> : <u>1302</u> feet from the <u>North</u> line and <u>2608</u> feet from the <u>East</u> line Section <u>31</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>Lea</u> County		8. Well Number 722
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3647' 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>			
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.

1. RUPU and POOH W/ESP equipment
2. CO if necessary
3. **Prepare to acid treat all existing & new perforations 4147-4289'** with 2800 gals 15% PAD acid and 1000 lbs of gelled rock salt underneath a 5-1/2" (15.5#) treating packer procedure.
4. RIH with prod equipment per SLB design.
5. Return well to production.

During this we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

Spud Date:

Rig Release Date:

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

SIGNATURE Terry A. Duncan TITLE WA/LS DATE 4/3/17

Type or print name Terry Duncan E-mail address terry_a_duncan@oxy.com PHONE: 575 397-8223

For State Use Only

APPROVED BY: Maureen Brown TITLE AO/II DATE 4/3/2017

Conditions of Approval (if any):

MB