

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

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBS OGD  
JUN 05 2017  
RECEIVED

<p>WELL API NO. 30-025-23522</p>	
<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>	
<p>6. State Oil &amp; Gas Lease No.</p>	
<p>7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24</p>	
<p>8. Well Number 411</p>	
<p>9. OGRID Number: 157984</p>	
<p>10. Pool name or Wildcat Hobbs (G/SA)</p>	
<p>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.)</p>	
<p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other</p>	
<p>2. Name of Operator Occidental Permian Ltd.</p>	
<p>3. Address of Operator 1017 West Stanolind Road Hobbs, New Mexico 88240</p>	
<p>4. Well Location Unit Letter <u>A</u> : <u>990</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>East</u> line Section <u>24</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County</p>	
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3679' DF</p>	

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 and Treat if necessary
3. RIH W/ESP eqmt
4. RDPU and clean location
- 5.

During this procedure 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 5/31/2017

Type or print name Terry Duncan E-mail address terry\_a\_duncan@oxy.com PHONE: 575 397-8223  
For State Use Only

APPROVED BY: Maley Brown TITLE AO/II DATE 6/5/2017  
Conditions of Approval (if any):