| Submit 1 Copy To Appropriate District Office   | State of New Mexico Energy, Minerals and Natural Resources  OIL CONSERVATION DIVISION 1220 South St |          | Form C-103   |                  |
|--|---|----------|--|------------------|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240  |   |          | WELL API NO.   |                  |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210   |   |          | 30-025-37435  5. Indicate Type of Lease  STATE FEE X |                  |
| <u>District III</u> – (505) 334-6178<br>1000 Rio Brazos Rd., Aztec, NM 87410   |   |          |  |                  |
| <u>District IV</u> – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM   | Santa Fe, NM 87505<br>SEP 1 1 2017  |          | 6. State Oil & Gas Lea                               | ase No.          |
| 87505  |   |          | 19552  7. Lease Name or Uni                          | t Agreement Name |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH |   |          | North Hobbs Unit (G/SA)                              |                  |
| PROPOSALS.)  1. Type of Well: Oil Well X Gas Well Other  |   |          | 8. Well Number 943                                   |                  |
| 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   |   |          | 110000 (0707)  |                  |
| Unit Letter_ H   | 2470feet from theNorth  | line and | feet from the  | East line        |
| Section 19   | Township 18S Ran  |          |  | unty Lea         |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660.8' GL  |   |          |  |                  |
|  | 3000.8 GL   |          |  | "是是我们是一个一个       |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |   |          |  |                  |
|  |   |          |  |                  |
| NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING  |   |          |  |                  |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A   |   |          |  |                  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB  |   |          |  |                  |
| DOWNHOLE COMMINGLE   |   |          |  |                  |
| CLOSED-LOOP SYSTEM OTHER: TA   |   |          |  |                  |
| 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 124 jts tbg x ESP equipment.  |   |          |  |                  |
| RIH 5 1/2" CIBP @ 4162' x dumped 5 sx cmt on top.  |   |          |  |                  |
| 7 1700 0 1107  |   |          |  |                  |
| This replieval of temporary  |   |          |  |                  |
| Test cog chart test 8/9/2017 Abandonment Expires 8/9/2019  |   |          |  |                  |
|  |   |          |  |                  |
| **** Well is curre   | itly TA'd *****   |          |  |                  |
|  |   |          |  |                  |
| Spud Date: 08/07/17  | Rig Release Date  | 08/09/17 |  |                  |
|  |   |          |  |                  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |   |          |  |                  |
| O to b   |   |          |  |                  |
| SIGNATURE TITLE Regulatory Specialist DATE 09/08/2017  |   |          |  |                  |
| Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: _713-366-5771  |   |          |  |                  |
| For State Use Only   |   |          |  |                  |
| APPROVED BY: Waleux Drown File AO II DATE 9/11/2017  |   |          |  |                  |
| Conditions of Approval (if any):   |   |          |  |                  |

RBDMS - CHART- V