Submit 1 Copy To Appropriate District		State of New I	State of New Mexico			Form C-103			
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 8840 District III – (505) 334-6178 District III – (505) 334-6178 District III – (505) 34-6178 District III –				esources	Revised July 18, 2013 WELL API NO.				
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283					30-025-38518				
811 S. First St., Artesia, NM 882 (0)					5. Indicate Type of Lease				
1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 8741000					STATE FEE X				
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88240 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8741AN District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505					6. State 0	Oil & Gas Lease	No.		
0.505									
SUNDRY NOTICES AND REPORTS ON WELLS					7. Lease Name or Unit Agreement Name				
(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					North Hobbs (G/SA) Unit				
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other					8. Well Number 645				
Name of Operator     Occidental Permian Ltd.					9. OGRID Number 157984				
3. Address of Operator					10. Pool name or Wildcat				
PO Box 4294 Houston, TX 77210					Hobbs (G/SA)				
4. Well Location									
Unit Lette	rP : 760	feet from theS		line and	1045	feet from the	E	line	
Section	13		Range	37E	NMPM	Count	y Lea		
	11. E	levation (Show whether I	OR, RKE	3, RT, GR, etc.)					
		3685 KB							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data									
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:									
NOTICE OF INTENTION TO: SUB- PERFORM REMEDIAL WORK □ PLUG AND ABANDON □ REMEDIAL WOR							OF: ING CASING	. 🗆	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI						_			
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN									
DOWNHOLE COMMINGLE									
CLOSED-LOOP SY	YSTEM		ОТ	HER. RTP					
OTHER:	conosed or completed or	perations (Clearly state a		ILIX.	d give perti	nent dates includ	ling estimate	d date	
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.									
<ul> <li>MIRU</li> </ul>	x NDWH x NUBOP								
<ul> <li>POOH</li> </ul>	POOH RBP								
• RIH 4	¾" bit x tagged TD @	4440'							
	• Shot perfs 4074′ – 4100′								
Ran acid job w. 700 gals 15% HCL									
<ul> <li>Pumped 27 gals PAW 3900 w/ 26 bbls FW x 366 gals SCW261 w/ 43.4 bbls FW X flushed w/ 1134 bbls FW</li> </ul>									
RIH ESP @ 3991' x 124 jts tbg @ 3943'									
RD x NDBOP X NUWH									
**** Well is currently producing - C104 attached ****									
Well 13 c	arrently producing	o to 4 attached							
Spud Date: 10/1	6/17	Rig Release	Date:	10/25/17					
I hereby certify that the information above is true and complete to the best of my knowledge and belief.									
I hereby certary that the mitorination above is true and complete to the best of my knowledge and benefit.									
Jan (N) kg (V									
SIGNATURE TITLE Regulatory Specialist DATE 01/04/18									
Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: _713-366-5771									
For State Use Only									
	Malu M.B.	00 m 2	A	OM		1	125/2	2010	
APPROVED BY:	West (if here)	TITLE_	140	111		DATE	162/6	210	
Conditions of Approval (if any)									