

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-07375

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit

8. Well Number 111

9. OGRID Number

157984

10. Pool name or Wildcat

Hobbs (G/SA) (31920)

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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☐ Injector2. Name of Operator
Occidental Permian Ltd.3. Address of Operator
PO Box 4294 Houston, TX 77210

4. Well Location

Unit Letter D : 330 feet from the N line and 330 feet from the W line
Section 20 Township 18S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3662 DF

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐CLOSED-LOOP SYSTEM ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

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.

11/10/17 - 11/13/17 - MIRU x NDWH x NUBOP. POOH 116 jts tbq x ESP.

RIH 5" RBP @ 3973' @ TOL x ran CBL to surface x POOH RBP.

11/14/17 - Shot new perfts 4095' - 4252'. Pumped 2000 gals 15% acid x flushed w/ 24 bbls BW

11/15/17 - RIH on/off tool x pkr @ 3975' x 127 jts tbq @ 3968'

11/16/17 - Ran MIT chart - Chart attached

**** Well is currently on injection****

Spud Date: 11/10/17

Rig Release Date: 11/16/17

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

SIGNATURE April Hood TITLE Regulatory Specialist DATE 01/04/18Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY: Mary Brown TITLE AD/II DATE 2/6/2018

Conditions of Approval (if any):

RBDMS - CHART

