

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

☒ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

Occidental Permian LTD PO Box 4294 Houston, TX 77210		Operator Name and Address 157984 OGRID Number 30-025-26583 API Number
Property Code 19552	Property Name South Hobbs G/SA Unit	Well No. 301

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
L	34	18S	38E		2035	S	607	W	Lea

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

9. Pool Information

Pool Name Hobbs; Grayburg - San Andres	Pool Code 31920
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Additional Well Information

11. Work Type Plug Back	12. Well Type P	13. Cable/Rotary	14. Lease Type State	15. Ground Level Elevation 3625
16. Multiple N	17. Proposed Depth 6000	18. Formation San Andres	19. Contractor	20. Spud Date 07/01/2018
Depth to Ground water		Distance from nearest fresh water well		Distance to nearest surface water

☒ We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.50	13.375	48	399	450	0
Inter	12.25	9.625	36	4305	1400	0
Prod	8.75	7	26	7112	630	3105 TS

Casing/Cement Program: Additional Comments

CIBP set @ 6608' w/ 35, cmt. Well will be plugged back into the South Hobbs G/SA Unit

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	3000	

<p>23. I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input checked="" type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input checked="" type="checkbox"/>, if applicable. Signature: <i>April Hood</i> Printed name: April Hood Title: Regulatory Specialist E-mail Address: April_Hood@Oxy.com Date: 06/12/2018 Phone: 713-366-5771</p>	<p style="text-align: center;">OIL CONSERVATION DIVISION</p> <p>Approved By: <i>[Signature]</i> Title: Approved Date: 06/18/18 Expiration Date: 06/18/20 Conditions of Approval Attached</p>
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