Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
1625 N. French Dr., Hobbs, NM 88240	ergy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO. 30-025-23207
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	IL CONSERVATION DIVISION 1220 South Services Dr. OCD	5. Indicate Type of Lease
$\frac{District IV}{1220 \text{ S. St. Francis Dr., Santa Fe, NM}}$ 87505	Santa Fe, NM 87505 AUG 01 2018	6. State Oil & Gas Lease No.
SUNDRY NOTICES AN (DO NOT USE THIS FORM FOR PROPOSALS TO I DIFFERENT RESERVOIR. USE "APPLICATION FO	D REPORTS ON WELLS ORILL OR TO DEEPEN OF SUCH OR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
PROPOSALS.) 1. Type of Well: Oil Well X Gas Well	11 🔲 Other	8. Well Number 114
2. Name of Operator Occidental Permian LTD		9. OGRID Number 157984
3. Address of Operator PO Box 4294 Houston, TX 77210		10. Pool name or Wildcat Hobbs; Grayburg - San Andres
4. Well Location		Hubbs, Grayburg - San Andres
Unit Letter D : 660	feet from the line and	660 feet from the W line
Section 33	Township 18S Range 38E evation (Show whether DR, RKB, RT, GR, etc.)	NMPM County Lea
	3652' KB	
12 Check Appropr	iate Box to Indicate Nature of Notice,	Report or Other Data
		SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK		
	GE PLANS 🗌 COMMENCE DRII PLE COMPL 🔲 CASING/CEMENT	
DOWNHOLE COMMINGLE		
		п
13. Describe proposed or completed ope	rations. (Clearly state all pertinent details, and RULE 19.15.7.14 NMAC. For Multiple Con	d give pertinent dates, including estimated date npletions: Attach wellbore diagram of
	" RBP x PKR x tagged cmt @ 3921'.	
	o 1000psi. Leaked 15psi in 30 mins.	
	/05/18 - RIH 7" CIBP @ 3890 w/ 35' cmt. 1	ГОС @ 3855.
Test CIBP X csg x held good. 07/06 **** WELL IS CURRENTLY TA'D***	5/18 - Ran MIT – Chart Attached. RD x NDE **	3OP x NUWH.
This Abs	Approval of Temporary Indonment Expires_7/4/20	20
Spud Date: 07/03/2018	Rig Release Date: 07/06/201	8
I hereby certify that the information above is	true and complete to the best of my knowledge	e and belief.
SIGNATURE AL 1 UL 1	TITLE Regulatory Specialist	DATE 06/14/2018
SIGNATURE <u>April Hood</u> Type or print name April Hood		
Type or print name April Hood	E-mail address:April_Hood@Ox	PHONE: /13-366-5771
APPROVED BY: Conditions of Approval (if any):	OWN FITLE AO/I	DATE 8/4/2018
	/	

RBAMS	-	CHART-	~
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