

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 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised July 18, 2013

SUNDRIY NOTICES AND REPORTS OF 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.)		WELL API NO. 30-025-07370
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian LTD		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 4294 Houston, TX 77210		7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
4. Well Location Unit Letter A : 1300 feet from the N line and 1300 feet from the E line Section 19 Township 18S Range 38E NMPM County Lea		8. Well Number 411
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3679' DF		9. OGRID Number 157984
		10. Pool name or Wildcat Hobbs; (G/SA)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: RTI <input type="checkbox"/>	

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.

12/30/18: MIRU x NDWH x NUBOP. 1/2/19: POOH 120 jts tbg x on&off tool.
RU wireline x ran USIT log from 3900' up to surface. 1/3/19: RIH dump bailor x tagged @4319'.
Dump bailed 71' pea gravel in 6 runs x then dump bailed 40' cmt on top of pea gravel. 1/4/19:
Tagged toc @4268', made a bailor run with gravel, 1 baior of cmt. Tag toc @4216'.
RIH 5 1/2" AX-1 inj pkr, 121jts, set pkr @3920', circ well w/ 70 bbls pkr fluid x tested csg to 600 psi.
1/5/19: RIH w/ 4 1/2" on&off tool x 120 jts duoline tbg @3910. Tested tbg to 1500 psi which held ok.
RD x NDBOP x NUWH. Ran MIT test. *** Chart Attached***
Well Returned to Injection 1/6/19

Spud Date:

12/30/2018

Rig Release Date:

01/05/2019

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

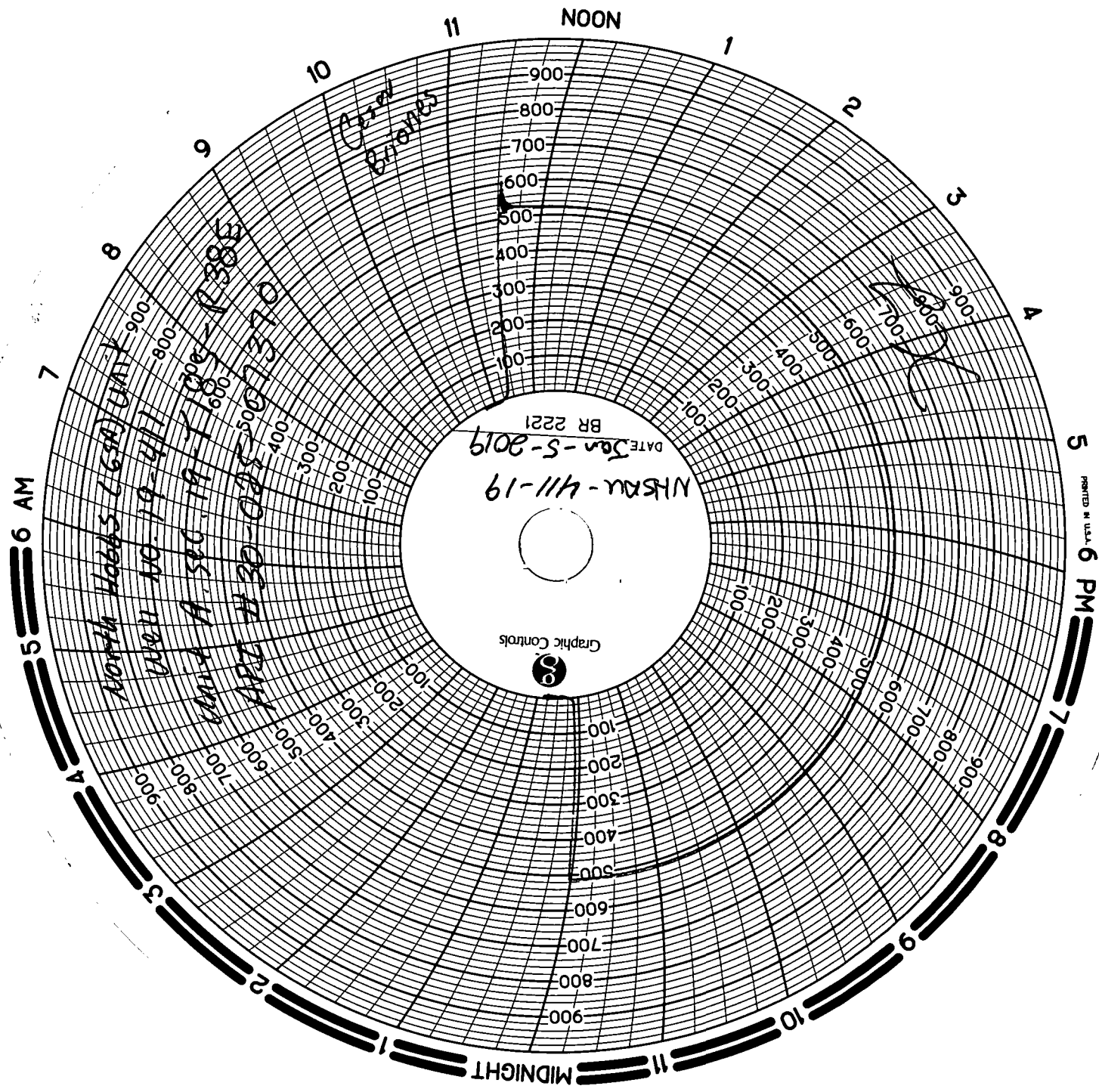
SIGNATURE  TITLE Regulatory Specialist DATE 04/15/2019

Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY:  TITLE Compliance Officer A DATE 5-9-19

Conditions of Approval (if any)



11 MIDNIGHT

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