

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

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.

Santa Fe, NM 87505  
**HOBBS OCD**

WELL API NO. 30-025-29173
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
8. Well Number 332
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/>	
2. Name of Operator Occidental Permian LTD	
3. Address of Operator PO Box 4294 Houston, TX 77210	
4. Well Location Unit Letter <u>J</u> : <u>1550</u> feet from the <u>S</u> line and <u>2350</u> feet from the <u>E</u> line Section <u>32</u> Township <u>18S</u> Range <u>38E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3627' GL	

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: CTI <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.

1/08/19: MIRU x NDWH x NUBOP. POOH 127 2-3/8" tbg x esp equipment. RIH 7" pkr @4038'.  
Pressure tested 4019' to 4021' to 600 psi and held ok. 1/9/19: POOH 130 2-7/8" tbg x 7" pkr x plug.  
RIH 7" as1-x inj pkr x 129 2-7/8" tbg @4000'. Pressure tested csg to 600 psi x held ok.  
Circulated well w 170 bbls 10# pkr fluid. 1/10/19: RIH 7" on/off tool x 122 2-7/8" tbg @3992'; x pkr @ 4000'.  
RD x NDBOP x NUWH. Ran MIT test. \*\*\* Chart Attached\*\*\*  
\*\*\*Well Returned to Injection 1/11/19\*\*\*

Spud Date:

01/08/2019

Rig Release Date:

01/10/2019

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)

