

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

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/>	WELL API NO. 30-025-28879
2. Name of Operator Occidental Permian LTD	5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator PO Box 4294 Houston, TX 77210	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>H</u> <u>10</u> feet from the <u>N</u> line and <u>1280</u> feet from the <u>E</u> line Section <u>24</u> Township <u>18S</u> Range <u>37E</u> NMPM County <u>Lea</u>	7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit
	8. Well Number <u>414</u>
	9. OGRID Number 157984
	10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3680' KB	

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 checked="" 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: <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.

2/28/19: MIRU x NDWH x NUBOP. Pumped 55 bbls 10# BW.

3/4/19: POOH 126 jts 2 7/8" tbg, 5 1/2" inj packer, x injection equipment. RIH 4 3/4" bit x tagged @4360'.

3/5/19: RIH 5 1/2" cibp @4185'. Shot perfs @ 4130 - 4168' x dumped 5' of cmt on top of cibp to put new pbtd@4180'.

Ran acid job w/ 1000 gals 15% nefe x flushed csg.

3/7/19: RIH 5 1/2" inj pkr @4068' x 126 jts 2 7/8" tbg @060'. Ran MIT - chart attached. RD x NDBOP x NUWH.

Spud Date:

2/28/2019

Rig Release Date:

3/7/2019

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

SIGNATURE

TITLE Regulatory Specialist

DATE 05/07/2019

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

DATE 5-23-19

Conditions of Approval (if any):

