

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 OGD
MAY 15 2019
RECEIVED

WELL API NO. 30-225-07409
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
8. Well Number 241
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3643' (GL)

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"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator PO Box 4294, Houston, TX, 77210	
4. Well Location Unit Letter N : 330 feet from the South line and 1325 feet from the West line Section 27 Township 18S Range 38E NMPM County: Lea	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3643' (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 checked="" 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 checked="" 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.

3-6-19 MIRUWSU, TIH WITH 2-3/8" TUBING AND TAG CIBP IN 5.5' CASING AT 4,201'
3-7-19 TEST CASING TO 500PSI WITH NO LEAKS. CIRCULATE BRINE AND MUD, SPOT 40SX FROM 4,201'-3,806' WITH 3% CALCIUM CHLORIDE AND WOC. TAG TOC AT 3,780'. SPOT 25SX FROM 2,826'-2,579'.
3-8-19 TAG TOC AT 2,557'. SPOT 25SX FROM 1,714'-1,467' WITH 3% CALCIUM CHLORIDE. WOC AND TAG AT 1,453'. PERF CASING AT 300' AND COULD NOT EIR. PERF CASING AT 60'. SPOTTED 45SX 355'-SURFACE AND SQUEEZED 15SX INTO PERFS AT 60'. 3-11-19 VERIFIED CEMENT AT SURFACE IN ALL CASINGS. RDMOWSU.

Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE P&A Manager DATE 3-12-19

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 6-7-19

Conditions of Approval (if any):