

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

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.)		WELL API NO. 30-025-38087
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <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 <u>M</u> : <u>635</u> feet from the <u>S</u> line and <u>660</u> feet from the <u>W</u> line Section <u>18</u> Township <u>18S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number <u>517</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3683' KB		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 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.

4/25/19: MIRU x NDWH x NUBOP. 4/26/19: POOH 127 jts 2 7/8 tbg x esp equipment.
RIH 5 1/2" CICR @ 4135' x pumped 100 sxs thixotropic cmt x 150 of 2% cmt x squeezed perfs to 2500 psi.
4/29/19 - 4/30/19: Drilled cement retainer from 4135' to 4375'. 5/1/19: RIH x tagged td @ 4375'.
RIH 5 1/2" CIBP @ 4370'. Shot perf's from 4088' - 4354 Dumped 5' of cement on top of CIBP @ 4370'.
5/2/19: Performed 14 setting ppi acid job w/ 26 bbls acid x flushed w/ 200 bbls FW. RIH x tagged td @ 4357'.
5/6/19: RIH 124 jts 2 7/8" tbg @ 3933' x esp @ 4066'. RD x NDBOP x NUWH.

Spud Date:

4/25/19

Rig Release Date:

5/6/19

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

SIGNATURE

April Hood

TITLE

Regulatory Specialist

DATE

09/09/2019

Type or print name April Hood

E-mail address: April_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

Kenny Fortke

TITLE

C. O.

A

DATE

9-20-19

Conditions of Approval (if any)