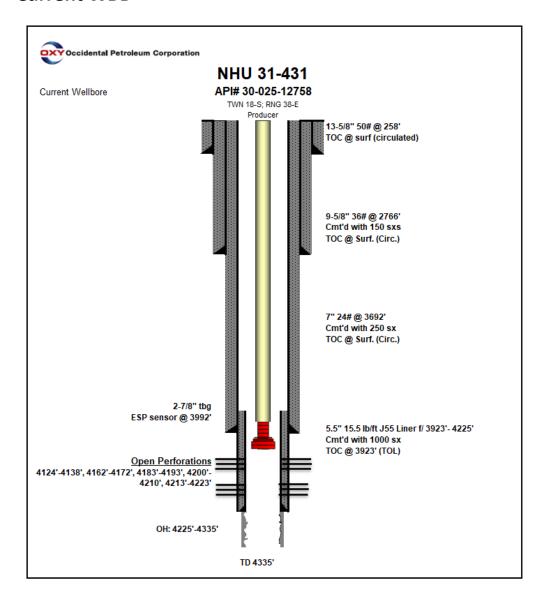
Dataset 1- (273) 393-6161 Month (1- (273) 383-6161 Month (1- (273) 3	cceined by Och: Apply prairies 11:20:55 A	State of New Me		Form C-103 ¹
### SILS_FIRS_A.MINS_NAME_SILD Unit_CONS_FIRS_NAME_SILD ### SILD_FIRS_NAME_SI	<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natur	7	
12.0 South St. Francis Dr. STATE FEE State Fee	811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		
1290 St. Francis Dr., Sarial Fr., NM 19520			icis Dr.	STATE FEE 🗹
SUNDRY NOTICES AND REPORTS ON WELLS OD NOTUSE THIS FORM POR PROPOSALS TO DRILL, OR TO DEFENS OR PLAG BACK TO A DIFFERENT RESPONS. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS. 1. Type of Well: Oil Well Gas Well Other 2. Name of Operation OCcidental Permian LTD 3. Address of Operator 10. Pool name of Wildcat HORBS; GRAYBURG-SAN ANDRES 4. Well Location Unit Letter 1: 2310 Feet from the South line and 330 Feet from the East line Section 31 Township 185 Range 38E NMPM County LEA 11. Elevation (Shorn whether DR, RKB, RT, GR, etc.) 3641 GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS COMMENCE PRILLS PLUG AND ABANDON DOWNHOLG COMMINGLE 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULLE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. PSIGNATURE Reni Mathew TITLE Regulatory Advisor DATE 11/19/2025 Email address: foni_mathew@oxy.com PHONE: (713) 215-7827 For State Use Only APPROVED BY: TITLE DATE TITLE DATE DATE APPROVED BY: TITLE DATE TITLE DATE TITLE DATE APPROVED BY: TITLE DATE TITLE DATE TITLE DATE APPROVED BY: TITLE DATE TITLE DATE TITLE DATE APPROVED BY: TITLE DATE TITLE DATE APPROVED BY: TITLE DATE TITLE DATE TITLE DATE	<u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		
DONOT USE THIS FORM FOR PRICIOSALS TO DRILL OR TO DEFERN OR PLIG BACK TO A DIFFERN TREEPICKTON FOR PERIOR C-101) FOR SUCH PROPOSALS) 1. Type of Well: Oil Well Gas Well Other	87505			
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2. Name of Operator Occidental Permian LTD 157984 3. Address of Operator				. Well Number 431
10. Pool name or Wildcat HOBBS; GRAYBURG-SAN ANDRES	2. Name of Operator			
## HOBBS; GRAYBURG-SAN ANDRES 4. Well Location Unit Letter : 2310 feet from the South line and 330 feet from the East line Section 31 Township 185 Range 385 NMPM County LEA 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3641 GR				
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Section 31 Township 185 Range 38E NMPM County LEA			-	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3641 GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHAMGE PLANS COMMENCE DRILLING OPNS. ALTERING CASING COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB DOWNHOLE COMMINGLE DOWNHOLE COMMINGLE OTHER: O				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		*	U	NMPM County LEA
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB CASING/CEMENT JOB OTHER: DISCRIBE Proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed completion or recompletion. Objective: Set CIBP to isolate perfs and OH below.	11			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE Regulatory Advisor DATE 11/19/2025 Type or print name Roni Mathew E-mail address: roni_mathew@oxy.com PHONE: (713) 215-7827 For State Use Only APPROVED BY:	PERFORM REMEDIAL WORK PL TEMPORARILY ABANDON CH PULL OR ALTER CASING MI DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM OTHER: 13. Describe proposed or completed of starting any proposed work). proposed completion or recompleted of starting any proposed work).	Plugback Plans Operations. (Clearly state all pletion.	REMEDIAL WORK COMMENCE DRILL CASING/CEMENT J OTHER: Detrinent details, and g C. For Multiple Comp	ALTERING CASING ING OPNS. P AND A OB
Type or print name Roni Mathew E-mail address: roni_mathew@oxy.com PHONE: (713) 215-7827 For State Use Only APPROVED BY: TITLE DATE		re is true and complete to the be	est of my knowledge a	
For State Use Only APPROVED BY: DATE				
	Type or print name Roni Mathew For State Use Only	E-mail address	: roni_mathew@ox	xy.com PHONE: (713) 215-7827
	APPROVED BY:Conditions of Approval (if any):	TITLE		DATE

Objective: Set CIBP to isolate perfs and OH below.

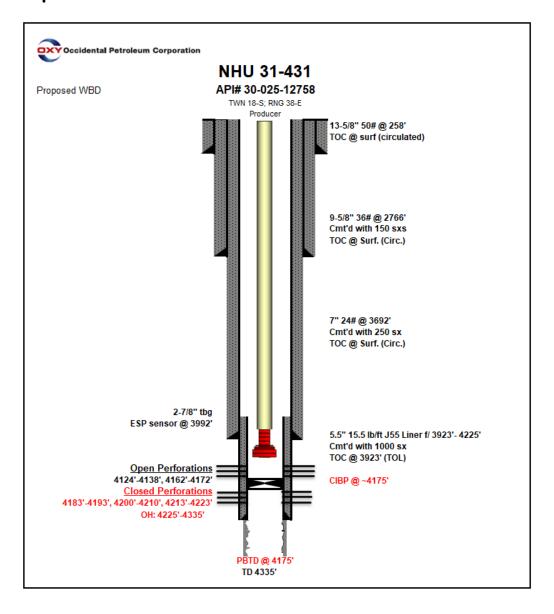
Job Plan:

- 1. POOH w/ ESP Equipment.
- 2. PU & RIH w/ CIBP. Set CIBP ~4175'.
- 3. PU & RIH w/ ESP Equipment.
- 4. Return well to production

Current WBD



Proposed WBD



Sante Fe Main Office Phone: (505) 476-3441

General Information Phone: (505) 629-6116

Online Phone Directory https://www.emnrd.nm.gov/ocd/contact-us

State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

CONDITIONS

Action 528004

CONDITIONS

Operator:	OGRID:
OCCIDENTAL PERMIAN LTD	157984
P.O. Box 4294	Action Number:
Houston, TX 772104294	528004
	Action Type:
	[C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
dmcclure	None	11/24/2025