

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

WELL API NO.
30-025-42646

5. Indicate Type of Lease
STATE FEE

6. State Oil & Gas Lease No.
19552

7. Lease Name or Unit Agreement Name
South Hobbs G/SA Unit

8. Well Number 257

9. OGRID Number
157984

10. Pool name or Wildcat
Hobbs; Grayburg - San Andres

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			
2. Name of Operator Occidental Permian LTD.			
3. Address of Operator P.O. BOX 4294, HOUSTON, TX 77210			
4. Well Location Unit Letter <u>I</u> : <u>2188</u> feet from the <u>SOUTH</u> line and <u>607</u> feet from the <u>EAST</u> line Section <u>4</u> Township <u>19S</u> Range <u>38E</u> NMMPM County LEA			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>3611' GL</u>			

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING MULTIPLE COMPL
DOWNHOLE COMMINGLE
CLOSED-LOOP SYSTEM High Casing Pressure
OTHER: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. P AND A
CASING/CEMENT JOB
OTHER:

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.

Objective: Resolve high casing pressure. Pressure test tubing and packer and replace as needed.

Please find attached detailed job procedure and current/proposed wellbore diagrams.

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 Roni Mathew TITLE Regulatory Advisor DATE 12/16/2025

Type or print name Roni Mathew E-mail address: roni_mathew@oxy.com PHONE: 713-215-7827
For State Use Only

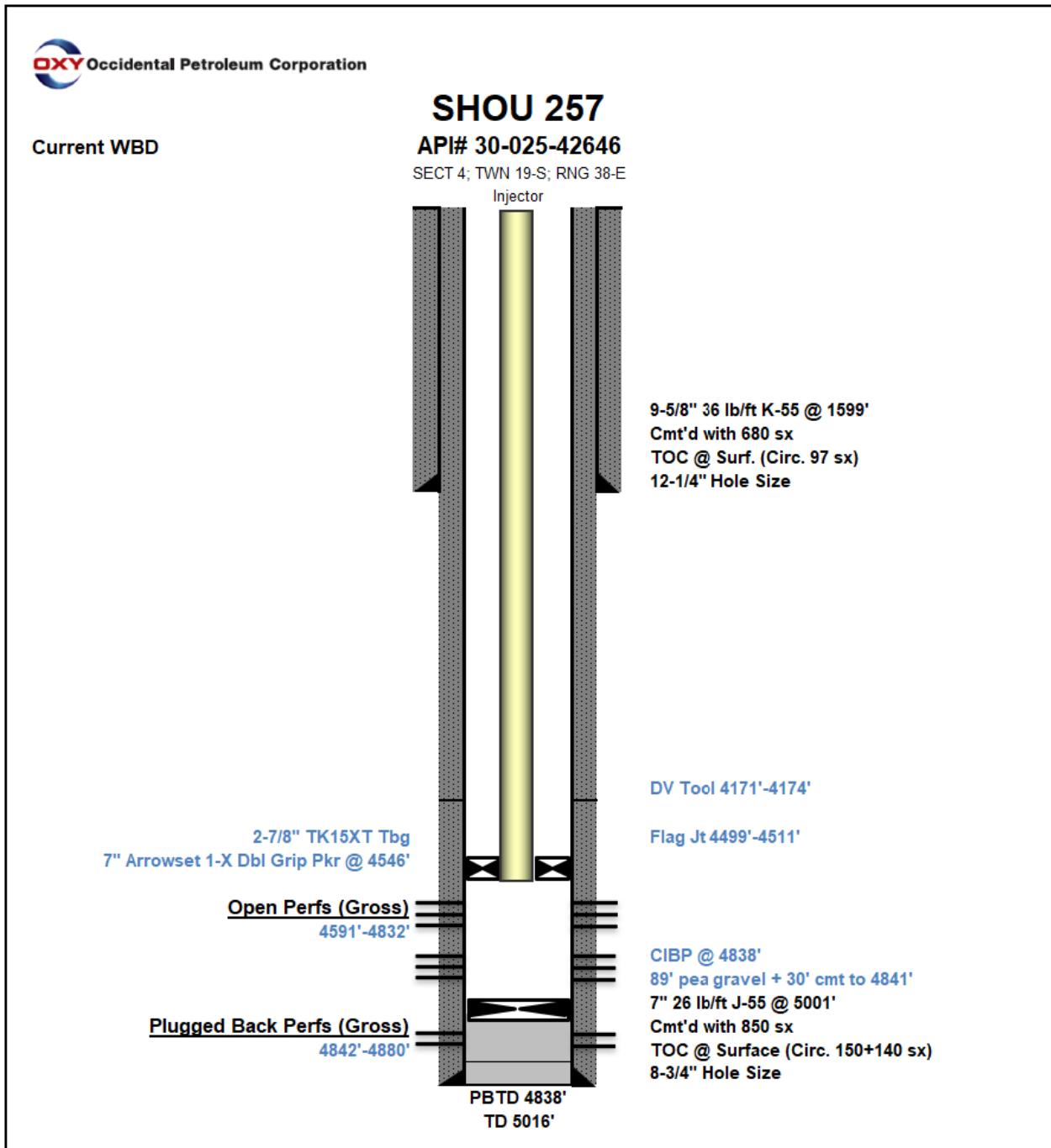
APPROVED BY: _____ TITLE: _____ DATE: _____
Conditions of Approval (if any): _____

Objective: Resolve high casing pressure. Pressure test tubing and packer and replace as needed.

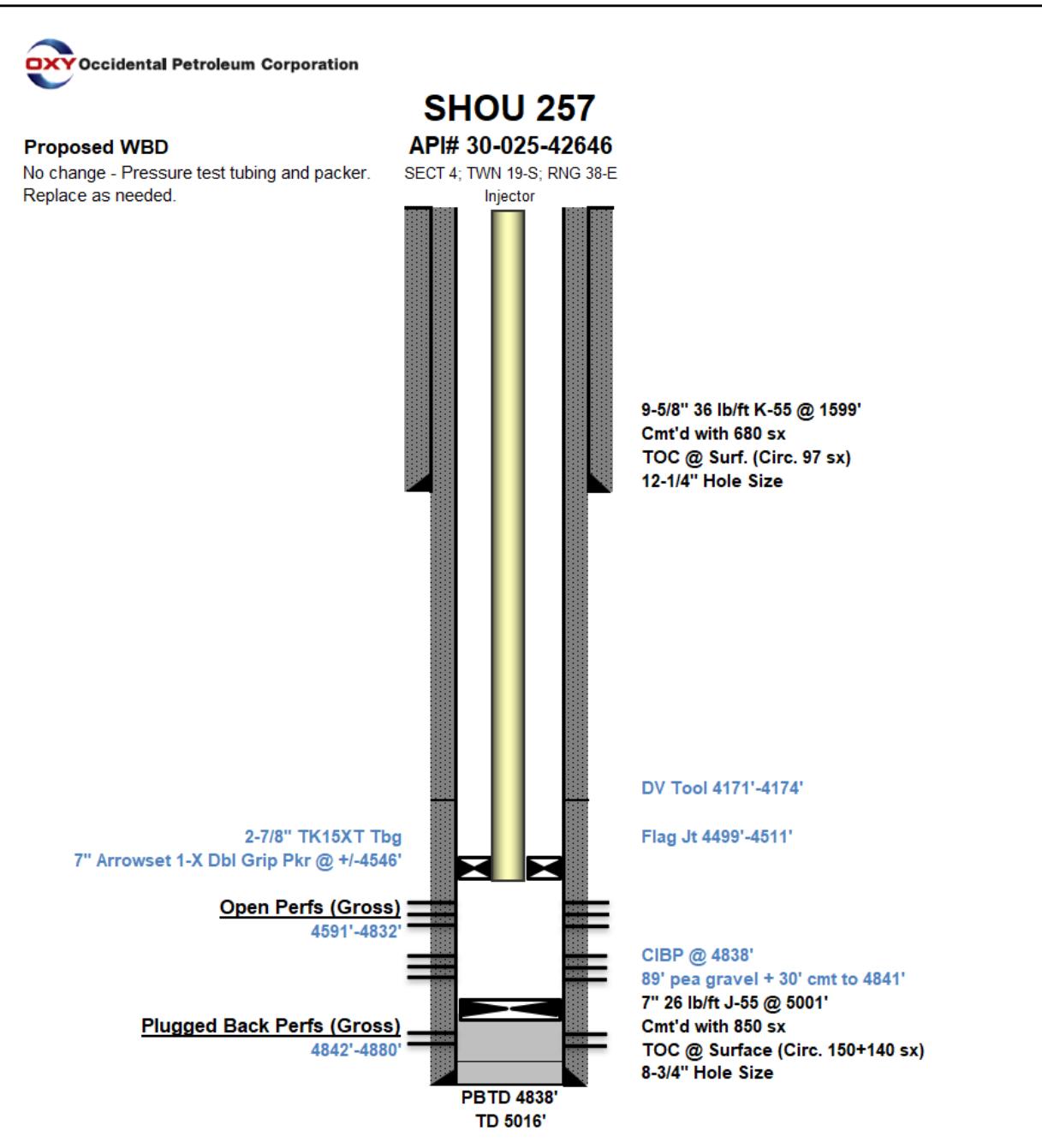
Job Plan:

1. Set plug in packer to pressure test tubing.
2. Pressure test packer.
3. Replace as needed, setting packer at the same depth (+/-).
4. Perform MIT test.
5. Return well to injection.

Current



Proposed



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 535401

CONDITIONS

Operator: OCCIDENTAL PERMIAN LTD P.O. Box 4294 Houston, TX 772104294	OGRID: 157984
	Action Number: 535401
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
anthony.harris	Post-workover MIT required with OCD witness	1/2/2026
anthony.harris	No Tubing upsize permitted. Packer to be set within 100 feet of uppermost perforation	1/2/2026
anthony.harris	Submit post workover C-103 Subsequent Report summarizing the work performed and attach an updated wellbore diagram.	1/2/2026