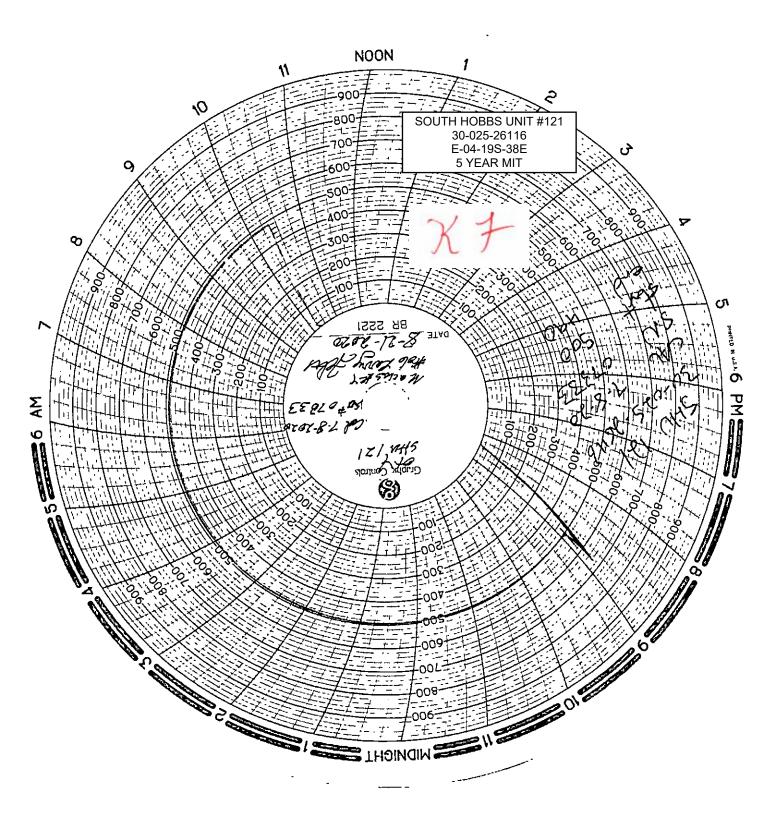
| Emergy, Minerals and Natural Resources | Submit 1 Copy To Appropriate District Office | State of New Mexico | Form C-103 |
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| SILE CONSIDER A STATE OF THE ST | | | |
| Santa Fe, NM 87505 Santa F | 811 S First St., Artesia, NM 88210 | | 5. Indicate Type of Lease |
| 120 St Frames Dr. Saint Fs. NM SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA) UNIT South Hobbs Unit (G/SA) UNIT South Hobbs Unit (G/SA) UNIT South Hobbs Unit (G/SA) UNIT South Hobbs (G/SA | 1000 Rio Brazos Rd., Aztec, NM 87410 | | |
| SUNDRY NOTICES AND REPORTS ON WELLS CO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DESPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PREMISE (FORM C-101) FOR SUCH SOUTH Hobbs Unit (G/SA) UNIT 1. Type of Well: Oil Well Gas Well Other 2. Name of Operator Occidental Permian, Ltd 3. Address of Operator 1017 W Stanolind Rd, Hobbs NM 88240 4. Well Location Unit Letter 1450 | | Santa Fe, NW 87505 | 6. State Oil & Gas Lease No. |
| DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DESPEN OR PLUG BACK TO A DIFFERENT RESPORT (C. 1978-PLCATION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS) 1. Type of Well: Oil Well Gas Well Other S. Well Number 121 2. Name of Operator Occidental Permian, Ltd 9. OGRID Number 157684 3. Address of Operator 1450 feet from the NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST line NORTH line and 150 feet from the WEST | 87505_ | | |
| DEFERENT RESERVOR. USE "APPLICATION FOR PERMIT "FORM C-IOI) FOR SUCH REPORDSALS] 1. Type of Well: Oil Well Gas Well Other S. Well Number 121 2. Name of Operator Occidental Permian, Lts 157884 10. Pool name or Wildeat Hobbs (G/SA) 4. Well Location Unit Letter | | | 7. Lease Name or Unit Agreement Name |
| Type of Well: Oil Well Gas Well Other S. Well Number 121 | DIFFERENT RESERVOIR. USE "APPLICATIO | | South Hobbs Unit (G/SA) UNIT |
| 2. Name of Operator Occidental Permian, Ltd 3. Address of Operator 1017 W Stanolind Rd, Hobbs NM 88240 4. Well Tocation Unit Letter 1450 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK 12. PLUG AND ABANDON 14. Well Tocation 15. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK 15. PLUG AND ABANDON 16. COMMENCE DRILLING OPPNS 17. PAND A ALTERING CASING 18. COMMENCE DRILLING OPPNS 19. PAND A CASING/CEMENT JOB 19. COMMENCE DRILLING OPPNS 10. COMMENCE DRILLING OPPNS 10. THER: 1 | | Well Cher | 0 777 41 77 |
| Occidental Permian, Ltd 3. Address of Operator 1017 W Stanolind Rd, Hobbs NM 88240 4. Well Location Unit Letter Section 4. Township 19S Range 38E NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND BANDON CHANGE PLANS OTHER CASING MULTIPLE COMPL OTHER: 5 YEAR MIT OTHER: 5 YEAR MIT DATE DATE OF TEST 8/21/2020 PRESSURE TEST STARTING 500PSI ANDENDING 490PSI LENGTH OF TEST 60 MINUTES TITLE Well Surveillance Lead DATE Type or print fame Justin Saxon E-mail address: ustin_saxon@oxy.com PHONE: 575-397-8206 TITLE Compliance Of Minute TITLE Compliance TITLE TITL | | weii 🔲 Ottlei | |
| 1017 W Stanolind Rd, Hobbs NM 88240 | Occidental Permian, Ltd | | |
| A. Well Location Unit Letter 1450 feet from the NORTH line and 150 feet from the WEST line Section 4 Township 19SRange 38E NMPM County | | 1.00040 | |
| Unit Letter 1450 feet from the NORTH line and 150 feet from the WEST line Section 4 Township 19S Range 38E NMPM County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | 1 60240 | Hobbs (G/SA) |
| Section 4 Township 19S Range 38E NMPM County | AAEC | NORTH 1 15 | in a west |
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| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB CA | | | |
| PULL OR ALTER CASING DOWNHOLE COMMINGLE COMPL CLOSED-LOOP SYSTEM 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. DATE OF TEST 8/21/2020 PRESSURE TEST STARTING 500PSI ANDENDING 490PSI LENGTH OF TEST 60 MINUTES WITNESSED NO Rig Release Date: Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE Well Surveillance Lead DATE 10-7-20 Type or print name Justin Saxon E-mail address: justin_saxon@oxy.com PHONE: 575-397-8206 For State Use Only APPROVED BY: TWM Father TITLE Complaint Officer A DATE 1/10/22 | | | |
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| APPROVED BY: TITLE Compliance Officer A DATE 1/10/22 | SIGNATURE / // | TITLE Well Surveillance Lead | DATE 10-1-20 |
| APPROVED BY: TITLE Compliance Officer A DATE 1/10/22 | Type or print flame Justin Saxon | E-mail address: justin_saxon@ | oxy.com PHONE: 575-397-8206 |
| APPROVED BY: Yerry FortherTITLE_ Compliance Officer A DATE 1/10/22 | | | |
| Conditions of Approval | | t | M B. TD 1/10/22 |
| | Conditions of Approval | ITTLE Compliance office | W / DATE 1/10/22 |



District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170

1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

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

CONDITIONS

Action 21471

CONDITIONS

| Operator: | OGRID: |
|------------------------|--------------------------------------|
| OCCIDENTAL PERMIAN LTD | 157984 |
| P.O. Box 4294 | Action Number: |
| Houston, TX 772104294 | 21471 |
| | Action Type: |
| | [C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

| Created By | | Condition Date |
|---------------|------|-------------------|
| kfortner | None | 1/10/2022 |