

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

WELL API NO. 30-025-28974
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 176
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 ☐ Gas Well ☐ Other Injection

2. Name of Operator
 OCCIDENTAL PERMIAN LTD

3. Address of Operator
 P.O. Box 4294, Houston, TX 77210

4. Well Location
 Unit Letter A : 1200 feet from the North line and 213 feet from the East line
 Section 6 Township 19S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3622' (GL)

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 ☐
 OTHER: RTP ☐

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: Return-to-Production previously TA'd well

Please see detailed procedure and WBDs attached.

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 02/29/2024

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 _____

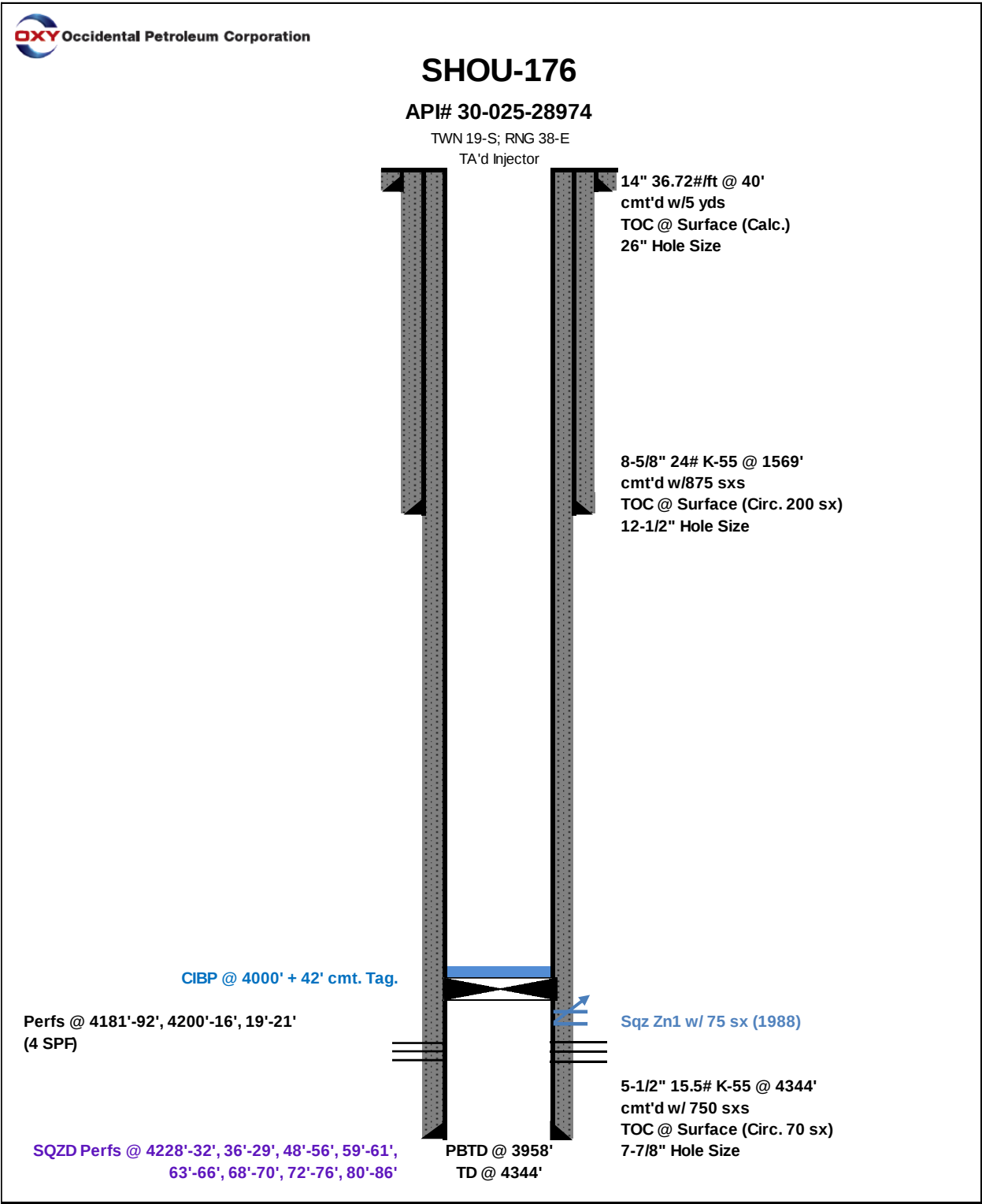
Conditions of Approval (if any):

Objective: Return-to-Production previously TA'd well

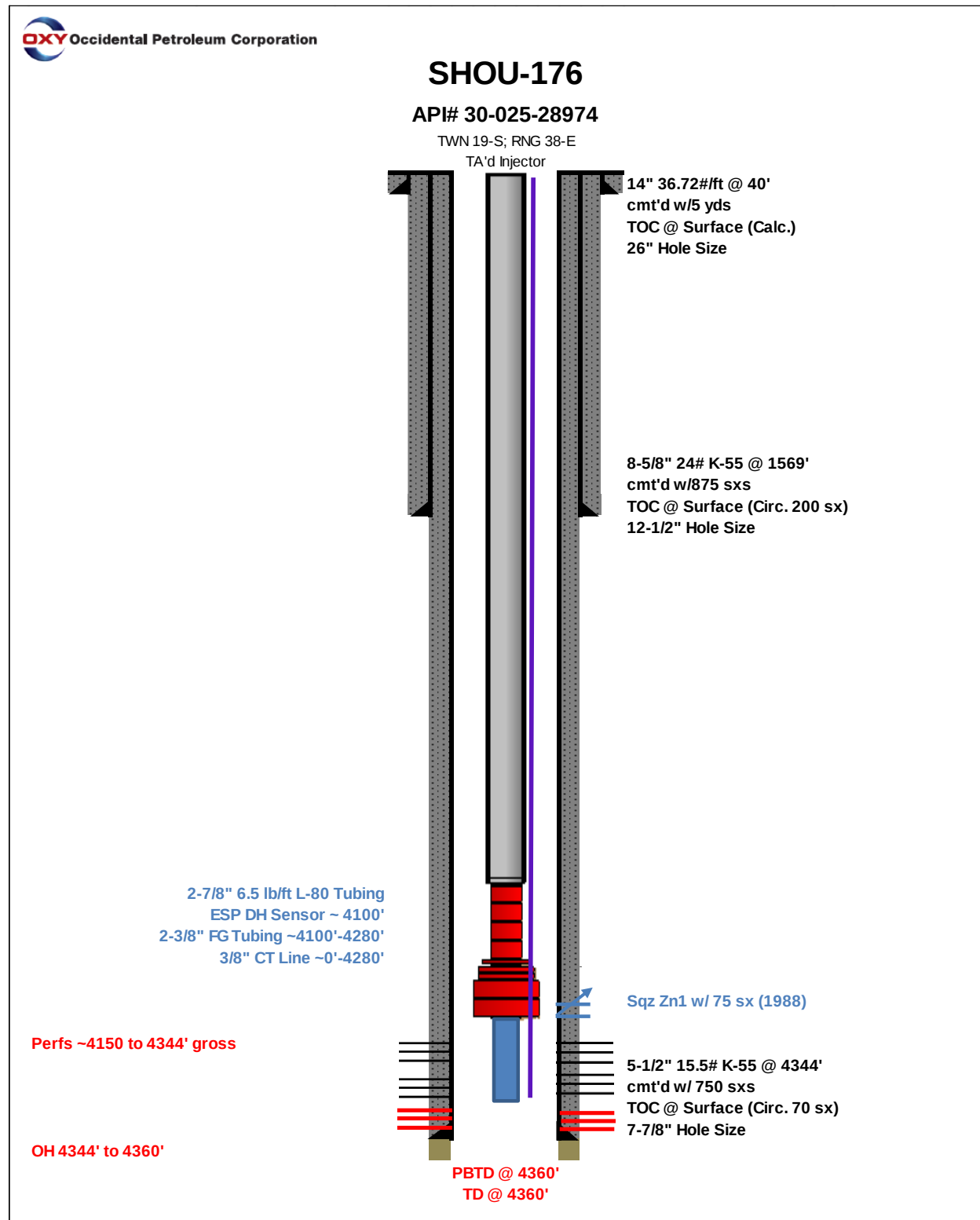
Job Plan:

- DO CIBP @ 4000'.
- Deepen well f/ 4344'-4360'.
- Add perfs f/ 4150' to 4344' (gross).
- Acid treat perfs & OH w/ ~ 8000 gal of 15% HCL.
- Install ESP equipment including capstring for chemical treating.
- Place well in service as producing well.

Current



Proposed



District I
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Phone:(505) 476-3470 Fax:(505) 476-3462

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Santa Fe, NM 87505

CONDITIONS

Action 319006

CONDITIONS

Operator: OCCIDENTAL PERMIAN LTD P.O. Box 4294 Houston, TX 772104294	OGRID: 157984
	Action Number: 319006
	Action Type: [C-103] NOI Workover (C-103G)

CONDITIONS

Created By	Condition	Condition Date
mgebremichael	None	4/12/2024