

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.<br>30-025-07609                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>SOUTH HOBBS G/SA UNIT                                       |
| 8. Well Number 056                                                                                  |
| 9. OGRID Number<br>157984                                                                           |
| 10. Pool name or Wildcat<br>HOBBS; GRAYBURG-SAN ANDRES                                              |

|                                                                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 checked="" type="checkbox"/> Other INJECTOR                                                                                         |  |
| 2. Name of Operator<br>OCCIDENTAL PERMIAN LTD                                                                                                                                                          |  |
| 3. Address of Operator<br>5 GREENWAY PLAZA SUITE 110 HOUSTON, TX 77046                                                                                                                                 |  |
| 4. Well Location<br>Unit Letter P : 660 feet from the SOUTH line and 660 feet from the EAST line<br>Section 04 Township 19S Range 38E NMPM County LEA                                                  |  |
| 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:                        |                                           | SUBSEQUENT REPORT OF:                                 |                                          |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input 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: 5 YEAR MIT <input checked="" type="checkbox"/> |                                          |

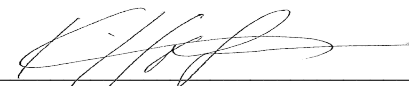
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

MIT: SEE ATTACHED CHART

Spud Date:

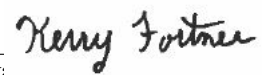
Rig Release Date:

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

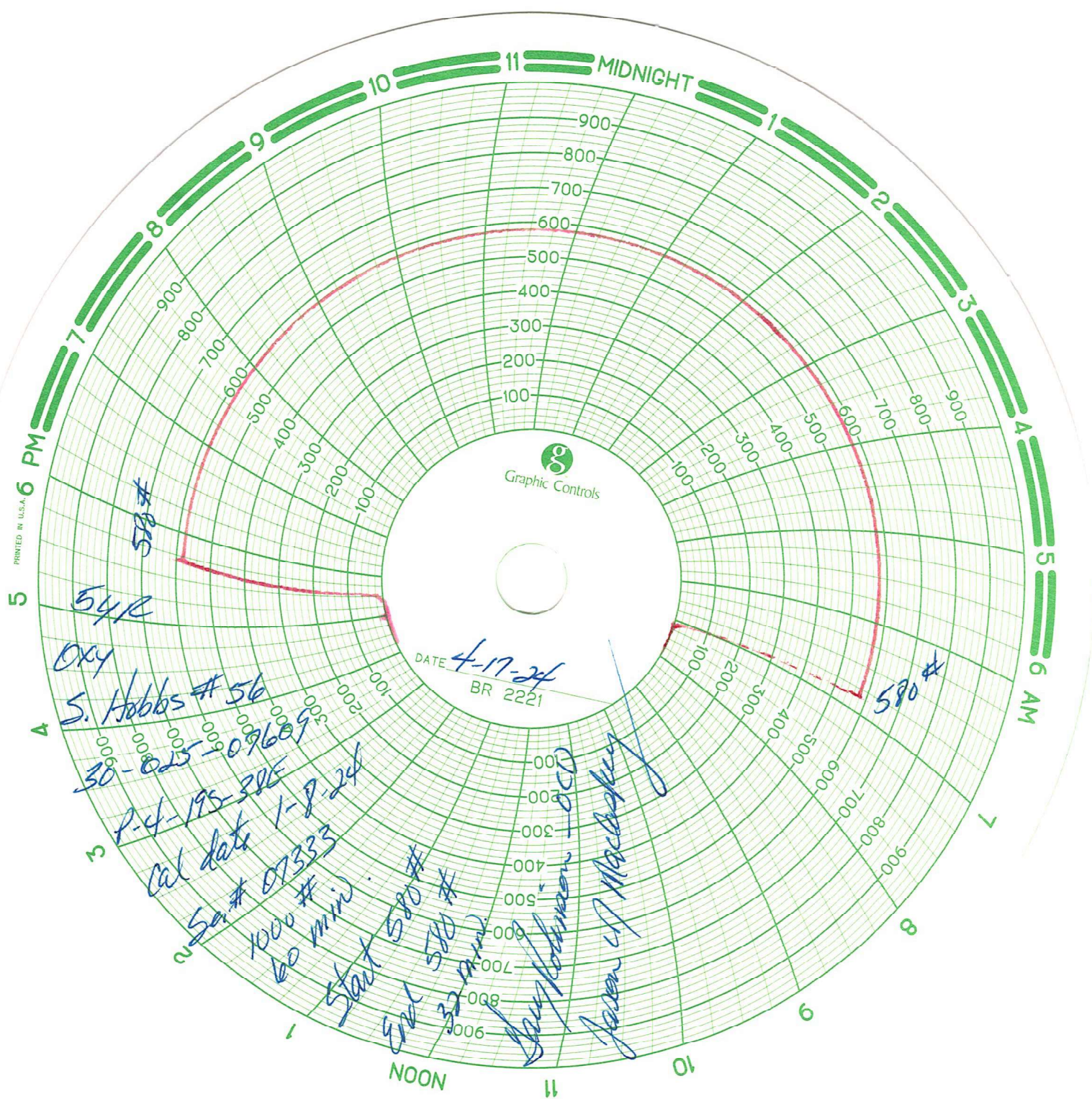
SIGNATURE  TITLE REGULATORY ANALYST DATE 05.07.2024

Type or print name KIM HOFFMAN E-mail address: kim\_hoffman@oxy.com PHONE: 713.215.7314

For State Use Only

APPROVED BY:  TITLE Compliance Officer A DATE 5/14/24

Conditions of Approv:



**District I**  
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**District IV**  
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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 343760

CONDITIONS

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>157984                                     |
|                                                                               | Action Number:<br>343760                             |
|                                                                               | Action Type:<br>[C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 5/14/2024      |