

Submit a 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

Form C-103  
Revised July 18, 2013

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-28984                                                                        |
| 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 193                                                                                  |
| 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 : 945 feet from the SOUTH line and 270 feet from the EAST line<br>Section 05 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"/> |                                          |

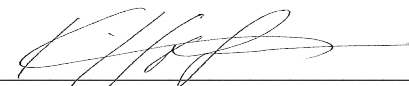
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

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.

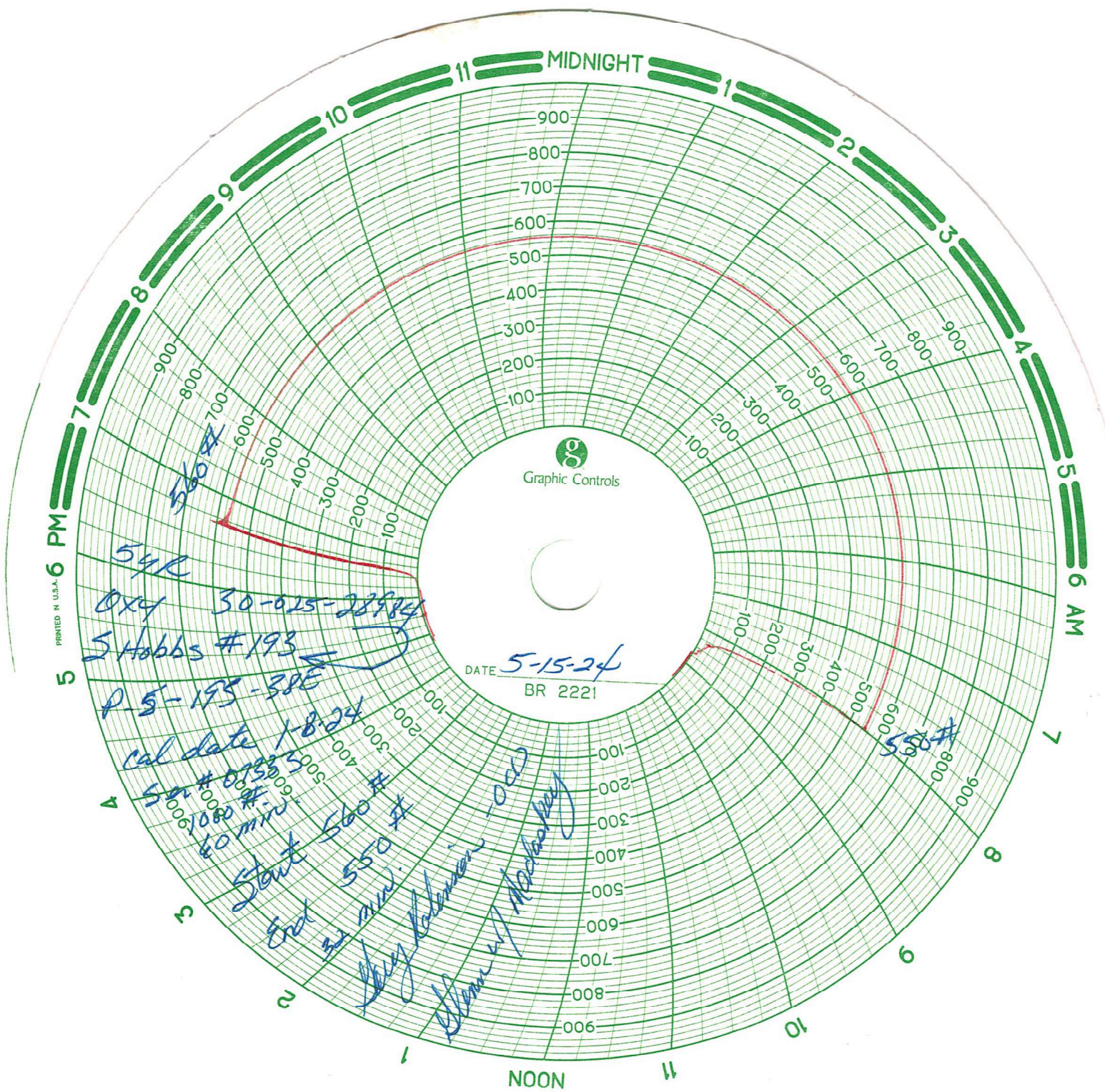
SIGNATURE  TITLE REGULATORY ANALYST STAFF DATE 08.13.2024

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

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):



**District I**  
1625 N. French Dr., Hobbs, NM 88240  
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**District III**  
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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 374105

CONDITIONS

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| Operator:<br>OCCIDENTAL PERMIAN LTD<br>P.O. Box 4294<br>Houston, TX 772104294 | OGRID:<br>157984                                     |
|                                                                               | Action Number:<br>374105                             |
|                                                                               | Action Type:<br>[C-103] Sub. General Sundry (C-103Z) |

CONDITIONS

|            |           |                |
|------------|-----------|----------------|
| Created By | Condition | Condition Date |
| kfortner   | None      | 8/19/2024      |