

State of New Mexico  
Energy, Minerals and Natural Resources

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

WELL API NO.  
30-025-29083

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

19552

7. Lease Name or Unit Agreement Name

North Hobbs Unit (G/SA)

8. Well Number 184

9. OGRID Number

157984

10. Pool name or Wildcat

Hobbs (G/SA)

## 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 ☐

2. Name of Operator

Occidental Permian Ltd

3. Address of Operator

P.O. Box 4294, Houston, TX 77210

4. Well Location

Unit Letter F : 1766 feet from the North line and 2488 feet from the West line

Section 5 Township 19S Range 38E NMPM County Lea

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

3590' 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: ☐

## 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.

- MIRU x NDWH x NUBOP.
- Shot drain holes @ 4048'
- POOH ESP x 124 jts tbq. Found pumps locked w/ asphaltene
- RIH pkr @ 4107' x pumped 250 gal xylene pill x flushed w/ 25 bbls BW
- POOH pkr x RIH ESP @ 3799 x 113 jts tbq @ 3914'
- RD x NDBOP . NUWH

Spud Date:

12/27/16

Rig Release Date:

12/29/16

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

SIGNATURE

TITLE Regulatory Specialist

DATE 02/08/2017

Type or print name April Hood

E-mail address: April\_Hood@Oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY: Mary Brown

TITLE AO/II

DATE 2/16/2017

Conditions of Approval (if any):