Submit 1 Copy To Appropriate District State of New Mexico Form C-103 Office Energy, Minerals and Natural Resources Revised August 1, 2011 District 1 - (575) 393-6161 WELL API NO. 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 30-025-28334 OIL CONSERVATION DIVISION 811 S. First St., Artesia, NM 88210 5. Indicate Type of Lease 1220 South St. Francis Dr. District III - (505) 334-6178 STATE [FEE 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV - (505) 476-3460 Federal Well 1220 S. St. Francis Dr., Santa Fe, NM 6. State Oil & Gas Lease No. 87505 SUNDRY NOTICES AND REPORTS ON WELLS 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A South Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH Section 4 PROPOSALS.) 8. Well Number Gas Well

Other HOBBS OCD 1. Type of Well: Oil Well 130 2. Name of Operator 9. OGRID Number: 157984 JUL 2 3 2015 Occidental Permian Ltd. 3. Address of Operator 10. Pool name or Wildcat 2611 State Hwv 214 Denver City, TX 79323 Hobbs (G/SA) RECEIVED 4. Well Location Unit Letter F: 1403 feet from the North line and 1403 feet from the West line Township 19S Range NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3616' GL 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK ⊠ PLUG AND ABANDON ☐ REMEDIAL WORK ALTERING CASING □ CHANGE PLANS **TEMPORARILY ABANDON** COMMENCE DRILLING OPNS.□ P AND A MULTIPLE COMPL **PULL OR ALTER CASING** CASING/CEMENT JOB DOWNHOLE COMMINGLE OTHER: 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. During this procedure we plan to use the closed-1. RUPU and POOH W/ESP equipment loop system with a steel tank and haul contents to Treat for conditions found if necessary 2. the required disposal per ODC Rule 19.15.17 3. RIH W/ESP egmt 4. RDPU and clean location Spud Date: Rig Release Date: I hereby certify that the information above is true and complete to the best of my knowledge and belief. TITLE_Lift Specialist_____DATE_7/21/2015 Type or print name Steve Snead ___ E-mail address: steve_snead@oxy.com_PHONE: 806-592-6312 For State Use Only

Petroleum Engineer

TITLE

APPROVED BY

Conditions of Approval (if any):

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