

Submit 1 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. 30-025-29082
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
8. Well Number 190
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3623.7' RDD

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 Injector

2. Name of Operator
Occidental Permian Ltd.

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

4. Well Location
Unit Letter I : 1568 feet from the South line and 1105 feet from the East line
Section 5 Township 19S Range 38E NMPM Lea County

SEP 23 2015

RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

E-PERMITTING <input checked="" type="checkbox"/> INJECTION <input type="checkbox"/> CONVERSION <input checked="" type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> ENVIRO <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input type="checkbox"/> P&A R <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

06/18/15 - 06/23/15

MIPU x RU Equipment. Killed well x ND WH x NU BOP. RU spooler x POOH 128 jts. tubing. Disassembled ESP x RD spooler. RIH w/ 5 1/2" RBP x set @ 4050'. RIH pkr and set @ 4022' x pull up RBP to 4045'. Changed out bull plug x SION. POOH pkr x RBP. RIH 5 1/2" RBP again and set @ 1015 x circ. well. Dump 3 sx sand on RBP. ND BOP x NUWH. RD X MO location.
 Well suspended for wellhead change.

07/13/15 - 07/21/15

MIPU x RU Equipment x ND WH x NU BOP. POOH tubing and RIH 4 3/4" bit x tag @ 4220'. Drilled well to new TD @ 4300'. POOH bit x perf 4004 - 4290'. Ran acide job w/ 5600 gal 15% NEFE. RIH injection pkr @ 4044'. RIH on & off and 2 7/8" tubing. Pressure tested well. ND BOP x NUWH. RD X MO location.
 Chart is attached.

Spud Date: 06/18/15 (RUPU)

Rig Release Date: 07/21/15 (RDPU)

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

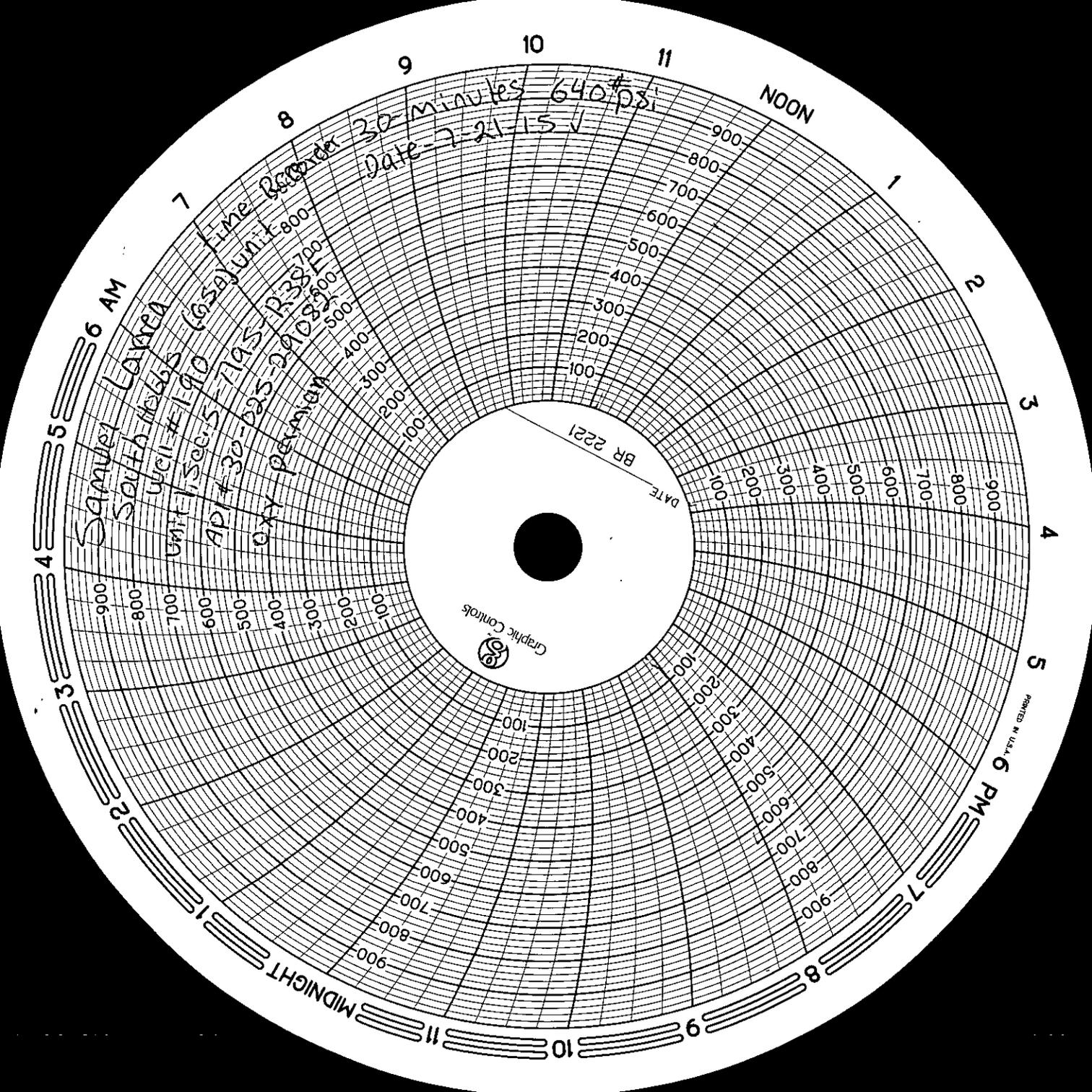
SIGNATURE April Hood TITLE Regulatory Coordinator DATE 09/22/15

Type or print name April Hood E-mail address: April_Hood@oxy.com PHONE: 713-366-5771

APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 9/28/2015
 Conditions of Approval (if any):

OCT 07 2015

dm



30-Minutes 640 psi
Date - 7-21-15 ✓

Line Recorder
Unit 800

APR 30-190 (658)

Oxy. Permian

Samuel Lamb
South Area
Unit # 190
1 Sec. 5

BR 2221
DATE

Graphic Controls

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