

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. 30-025-28305
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
8. Well Number Coop 2
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3617' DF

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 D : 645 feet from the North line and 453 feet from the West line
 Section 4 Township 19S Range 38E NMPM Lea County

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 checked="" 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: <input 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.

MIPU x RU Equipment. RUWL x set blanking X 4200' pressure tested tubing. ND WH x NU BOP. POOH 134 jts. duoline tubing x on/off tool. RUWL x ran CBL 3990' to surface x RDWL. RIH on/off tool x 123 jts tubing. ND BOP x NU injection tree. Pressure tested well. RD X MO location. Chart and CBL are attached.

As of 09/14/15 well is currently injecting.

Spud Date: 08/10/15 (RUPU) Rig Release Date: 08/13/15 (RDPU)

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

SIGNATURE April Hood TITLE Regulatory Coordinator DATE 10/14/15

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

For State Use Only

APPROVED BY: Bill Bernamiah TITLE Staff Manager DATE 11/5/15

Conditions of Approval (if any):

NOV 05 2015

START

MIN 96

MIN 8

88 MIN

MIN 16

80 MIN

24 MIN

72 MIN

32 MIN

Y-17 IN. GRAVIM.

64 MIN

56 MIN

48 MIN

40 MIN

Graphic Controls LLC
(6.375 ARC LINE GRAD.)

DATE 8/19/15
MCI P 0-1000-8-96MIN

Oxy
South Mass G/SH
Coop # 2
30-025-28305
D-4-195-386
CALIB. DATE - 6/25/15
1000#
START - 600#
END - 590#
30 min

200
100
086
088
090
092
094
096
098
100

158
11/5/15

