

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. 30-025-28309	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8. Well Number COOP 6	<input checked="" type="checkbox"/>
9. OGRID Number 157984	
10. Pool name or Wildcat Hobbs (GSA)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3605.9' GL	

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 **HOBBS OGD**

2. Name of Operator Occidental Permian Ltd. **NOV 09 2015**

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

4. Well Location
Unit Letter E : 1950 feet from the North line and 535 feet from the West line
 Section 34 Township 18S 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.

08/03/15 - 08/10/15

- MIRU x NDWH x NUBOP
- POOH PKR x tbg x on/off tool
- RIH 5.5 RBP x set @ 4135'
- Ran CIL from 4124' to surface
- RIH 2 7/8 tbg to 3265'
- Drilled in new formation to new TD @ 4480'
- Perf'd 4215' - 4433'
- Ran washed open hole from 4480' - 4444'
- RIH pkr x on/off tool x set RBP @ 975' x pkr @ 4134'
- NDBOP x NU capflange

08/14/15 - wellhead change

08/25/15 - 08/26/15

- MIRU x ND capflange x NUBOP
- RIH retv. tool x POOH RBP
- RIH tbg x NDBOP x install injection tree
- Pressure tested well x chart is attached

Spud Date: **08/03/15 (RUPU)**

Rig Release Date: **08/26/15 (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 11/06/15

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

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 11/23/15

Conditions of Approval (if any):

NOV 24 2015

BS 11/24/15

GC

[Signature]

