

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. 30-025-05471
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 North Hobbs (GSA) Unit Section 23
8. Well Number 231
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3679' 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-100) 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 K : 2310 feet from the South line and 2310 feet from the West line
Section 23 Township 18S Range 37E NMPM Lea County

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <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: Return to Injection <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.

- MIRU x NDWH x NUBOP
- RIH 6 1/8" bit x drill through CIBP to new TD @ 4500'
- RIH 5 1/2" pkr @ 4291' x tbg @ 4324'
- Acid job w/ 6000 gals PAD Acid x 3000 gals Guidon
- POOH pkr x rest 5 1/2" pkr @ 4050'
- RIH 125 jts tbg x on/off tool
- Tested well (chart attached)
- RD x NDBOP x NU Cap Flange

Spud Date:

10/15/15 (RUPU)

Rig Release Date:

10/26/15 (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 12/18/15

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

For State Use Only

APPROVED BY: Bill Serrano TITLE Staff Manager DATE 12/23/15

Conditions of Approval (if any):

DEC 31 2015

Handwritten initials

PRINTED IN U.S.A.

6 PM

MIDNIGHT

6 AM

Graphic Controls

DATE 10/28/15
BR 2221

accidental Permian
limited Partnership
Narsingh Babbar (E.S.) Unit
Well No 23-23
APZ # 54-23 T185
Unit # 25-05 471

late trucking
Unit 119
Boyd Webb
start 5:46 PM

BS
12/23/15

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