

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  
**HOBBS OCD**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr. **DEC 24 2015**  
 Santa Fe, NM 87505  
**RECEIVED**

Form C-103  
 Revised July 18, 2013

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.)		WELL API NO. 30-025-28976 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd. ✓		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 4294 Houston, TX 77210		7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit ✓
4. Well Location Unit Letter <u>C</u> : <u>862</u> feet from the <u>North</u> line and <u>1745</u> feet from the <u>West</u> line Section <u>5</u> Township <u>19S</u> Range <u>38E</u> NMPM <u>Lea</u> County ✓		8. Well Number <u>178</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3624' GR		9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (GSA)		

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.

- MIRU x NDWH x NUBOP
- Shot drain holes @ 3890'
- POOH tbg x ESP
- RIH 4 3/4" bit x drill to 4245'
- RIH 196 jts tbg x ESP
- RD x NDBOP x NUWH

Spud Date: 08/26/15 (RUPU) Rig Release Date: 08/31/15 (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 12/22/15

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

**For State Use Only**

APPROVED BY: Maley Brown TITLE Test Supervisor DATE 12/24/2015  
 Conditions of Approval (if any):

**DEC 31 2015**

*Handwritten initials*