

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. 30-025-28345	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8. Well Number 142	<input checked="" type="checkbox"/>
9. OGRID Number 157984	
10. Pool name or Wildcat Hobbs (GSA)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3623.1' KB	

**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 O : 1310 feet from the South line and 1370 feet from the East line  
 Section 4 Township 19S Range 38E NMPM Lea County

FOR HOBBS OCD  
 JAN 19 2016  
 RECEIVED

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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
- POOH tbg x inj pkr x on/off tool
- RIH 5 1/2" pkr @ 4035'
- RIH 2 7/8" 123 jts x on/off tool
- RD x NDBOP x NU tree
- Ran pressure test x chart attached

Spud Date: 11/05/15 (RUPU)

Rig Release Date: 11/09/15 (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 01/13/16

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

**For State Use Only**

APPROVED BY: Billevanah TITLE Staff Manager DATE 1/22/16

Conditions of Approval (if any):

Petroleum Engineer

*WJ*

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NIM 08

NIM 88

NIM 96

NIM 8

NIM 16

NIM 24

NIM 32

NIM 40

NIM 48

NIM 56

NIM 64

NIM 72

START

SHOW  
WELL # 142  
WIT SEC 4-T195-238E  
API # 30-025-28345

Start 520

Post Work Over

Decidant / Premier 1-15

Graphic Controls LLC  
(6.375 ARC LINE GRAD.)

*[Signature]*

DATE 1-19-15 3:00 PM  
NIM P 0-1000-B-96MIN

BS  
1/22/16

525