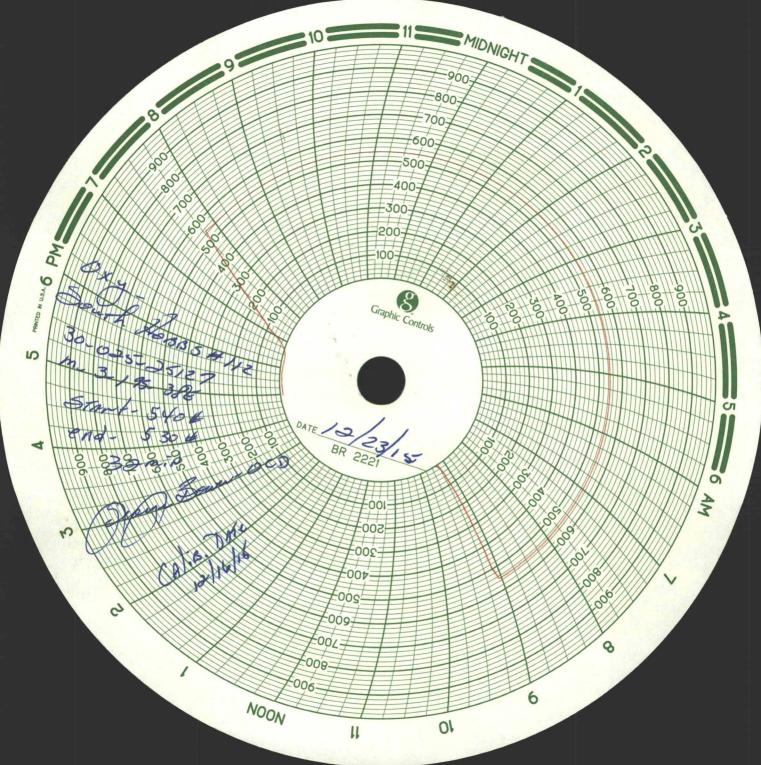
Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised July 18, 2013		
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240		Energy, Minerals and Natural Resources		WELL API NO. 30-025-25127	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8741 <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.		
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			7. Lease Name or Unit Agr South Hobbs (G/SA)	7. Lease Name or Unit Agreement Name South Hobbs (G/SA)	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other		Injection	Injection 8. Well Number 112		
Name of Operator Occidental Permian Ltd	1	HOBBS OCD	9. OGRID Number 157984	in the second	
3. Address of Operator P.O. Box 4294, Houston, TX	77210	FEB 1 0 2016	10. Pool name or Wildcat Hobbs (G/SA)		
4. Well Location		ALOLIVED		/	
Unit Letter M Section 3	: 585 feet from the Township	South line and 19S Range 38E	710 feet from the	West line Lea	
Section	11. Elevation (Show w	hether DR, RKB, RT, GR, etc.		200	
	3612' DF				
12. Chec	ek Appropriate Box to In	ndicate Nature of Notice	, Report or Other Data		
of starting any proposed proposed completion of MIRU x ND c-prox tree x NU Pumped 30 BBLs 10# BW d	ompleted operations. (Clear) I work). SEE RULE 19.15.7 recompletion. BOP own TBG and 4.5 lockset pkr x RIH w sped 3 sks CMT et PKR at 3864' 64' x POOH w/ 116 JTS 2 3864' x tag CMT @ 3800'	CASING/CEMENT OTHER: TA	RILLING OPNS. P AND A NT JOB well and give pertinent dates, including to appletions: Attach wellbore di to 3930'	ng estimated date	
		!	Well is currently TA'd		
Spud Date: 12/16/2015	Rig	Release Date: 12/23/15			
	S. San		The state of the s	1000000	
I hereby certify that the informat	ion above is true and comple	ete to the best of my knowled	ge and belief.		
SIGNATURE Sauch Mit	tehell TIT	LE Regulatory Coordinator	DATE 2	18/2016	
Type or print name Sarah Mitch	E-n	nail address: sarah_mitchell(@oxy.com PHONE:7	13-366-5469	
APPROVED BY: Y Conditions of Approval (if ahy):	JUDIOWN FITT	LE DIST Super	MOC DATE 2	11/2016	

FEB 1 1 2016

Cof





cmt'd w/ 1650 sxs

TOC @ Surface (Circ.)

SQZd Perfs: 4000'-4100'

PBTD @ 4220'

TD @ 4266'