

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. 30-025-34906	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No. State of NM A-1118	
7. Lease Name or Unit Agreement Name North Hobbs Unit (G/SA)	✓
8. Well Number 511	✓
9. OGRID Number 157984	✓
10. Pool name or Wildcat Hobbs (G/SA_	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660.9' (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 **HOBBS OCD**

2. Name of Operator
Occidental Permian Ltd.

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

4. Well Location
Unit Letter D : 1310 feet from the North line and 598 feet from the West line
Section 33 Township 18S Range 38E NMPM County Lea

RECEIVED
MAR 08 2016

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"/>		OTHER: <input type="checkbox"/>	
CLOSED-LOOP SYSTEM <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 120 JTS, ESP x ESP contained asphaltines x disassembled ESP, tested negative for NORM
- RIH 4-3/4" bit, 134 JTS tagging @ 4295', pumped 1200 BBLs f/w @ 7.5 bpm but no circulation
- Pumped 100 BBLs low loss x circ well clean x shot drainholes @ 3746'
- RIH w/ 5.5 pkr x set pkr @ 4021' x pumped 500 gals xylene mixed w/ 50 gals 6490A x flushed w/ 24BBLs F/W
- Pumped 5600 gals 15% acid, 2000# gelled rock salt x pumped 217 gals EC6490A w/ 133 BBLs
- Displaced w/ 96 BBLs F/W mixed w/ 4 gals EC6490A x released pkr x RIH w/ 12 JTS and tagged TD @ 4400' x POOH w/ 126 JTS
- Assembled ESP x RIH w/ ESP, 126 JTS x ran QCI penetrator
- RDPU x NDBOP x NUWH x cleaned location and MO location

Spud Date: 2/5/2016

Rig Release Date: 2/16/2016

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sarah Mitchell TITLE Regulatory Specialist DATE 3/3/16

Type or print name Sarah Mitchell E-mail address: sarah_mitchell@oxy.com PHONE: 713-366-5469

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 03/10/16

Conditions of Approval (if any):

MAR 15 2016

CM