

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. 30-025-37235	✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	✓
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA)	✓
8. Well Number 627	✓
9. OGRID Number 157984	✓
10. Pool name or Wildcat Hobbs (G/SA)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3661' (GR)	

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 OGD**

2. Name of Operator
Occidental Permian Ltd. **MAR 08 2016'**

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

4. Well Location
 Unit Letter L : 1870 feet from the South line and 1298 feet from the West line
 Section 19 Township 18S Range 38E NMPM County Lea

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 pressure tested tbg and csg
- RIH WL w 1-9/16" perf guns x shot 2-7/8" tbg @ 4054 x POOH w/ WL x pumped 30 BBLs B/W
- NDWH x NUBOP x RU workfloor
- POOH 127 JTS, ESP x disassembled ESP x tested negative for NORM
- RIH 5.5" pkr, 129 JTS x set pkr @ 4134'
- Pumped 750 gals xylene mixed w/ 75 gals of EC6495B in tbg, flushed tbg w/ 26 BBLs 10# B/W
- POOH 129 JTS, sn, 5.5" pkr
- RIH ESP equip, 127 jts tbg, tbg sub, sn, ESP hanger, QCI installed penetrator
- ESP Bolt on Discharge @ 4073.43', ESP Pump @ 4083.45', ESP Pump @ 4102.48', ESP Pump @ 4118.51', ESP Gas Separator @ 4122.81', ESP Seal @ 4128.41' ESP Seal @ 4134.78', ESP Motor @ 4149.24', ESP Downhole Sensor @ 4153.34
- RD workfloor x NDBOP x NUWH x tested tree to 3000 psi x RDPU x cleaned location x MO Location

Spud Date: 12/14/2015

Rig Release Date: 12/18/2015

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

SIGNATURE Sarah Mitchell TITLE Regulatory Coordinator 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

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