

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. 30-025-28338	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No. State of NM A-1212-0002	
7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA)	✓
8. Well Number 135	✓
9. OGRID Number 157984	✓
10. Pool name or Wildcat Hobbs (G/SA)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3622' RDB	

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

2. Name of Operator  
Occidental Permian Ltd. ✓

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

4. Well Location  
 Unit Letter F : 2558 feet from the North line and 1353 feet from the West line  
 Section 4 Township 19S Range 38E NMPM County Lea

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 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.

(2/23/16) MIRU PU and equipment, load and test csg to 1000 psi. POOH w/ rods and pump, killed well, NDWH and NUBOP. RIH and tagged w/ bullplug at 4035'. POOH with tbg and RIH with 5.5" pkr, set pkr @ 4025' and tested CIBP @ 4040' to 600 psi. Unset pkr and reset pkr @ 3807' and pressure tested to 600 psi and it leaked. Isolated leak in csg 3' from surface. Set CIBP @ 3807', M & P 4 sxs cmt, and circ well with 100 BBLs f/w. RIH, tagged TOC @ 3770' and circ well w/ 100 BBLs 10# pkr fl. RD workflow, NDBOP, NU Cap flange, RD PU, cleaned location, and moved off location.

Spud Date: 2/23/16      Rig Release Date: 2/29/16

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 3/14/16

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 03/22/16

Conditions of Approval (if any):

MAR 22 2016 [Signature]