

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

HOBBS ODC
 APR 14 2016
 RECEIVED

State of New Mexico
 Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input type="checkbox"/></p> <p>2. Name of Operator Occidental Permian Ltd.</p> <p>3. Address of Operator HCR 1 Box 90 Denver City, TX 79323</p> <p>4. Well Location Unit Letter <u> </u> P <u> </u>: <u> </u>330<u> </u> feet from the <u> </u>South<u> </u> line and <u> </u>330<u> </u> feet from the <u> </u>East<u> </u> line Section <u> </u>24<u> </u> Township <u> </u>18S<u> </u> Range <u> </u>37E<u> </u> NMPM Lea County</p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3679' (KB)</p>	<p>WELL API NO. 30-025-05486</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No.</p> <p>7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit</p> <p>8. Well Number <u> </u>24-441</p> <p>9. OGRID Number: 157984</p> <p>10. Pool name or Wildcat Hobbs (G/SA)</p>
--	--

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

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
---	--

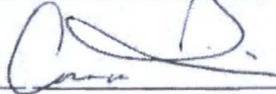
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 1) MIRU PU
- 2) POOH with ESP
- 3) Deepen wellbore to 4485'
- 4) RU Renegade and run CNL/GR/CCL log
- 5) Perf 4280-85'' (gross interval)
- 6) Acidize all pay & OH
- 7) Scale squeeze well
- 8) RIH with ESP
- 9) Return well to production

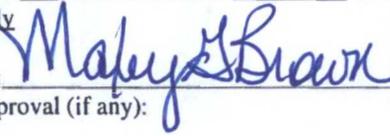
During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

Spud Date: Rig Release Date:

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

SIGNATURE  TITLE Production Engineer DATE 3/29/2016

Type or print name Conor McGinnis E-mail address: conor_mcginnis@oxy.com PHONE: 713-825-0902
 For State Use Only

APPROVED BY:  TITLE Dist Supervisor DATE 4/14/2016
 Conditions of Approval (if any):