

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. 30-025-07598	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A	
7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA)	<input checked="" type="checkbox"/>
8. Well Number 19	<input checked="" type="checkbox"/>
9. OGRID Number 157984	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Hobbs (G/SA)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3618' (GL)	

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 A : 660 feet from the North line and 660 feet from the East line
Section 4 Township 19S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3618' (GL)

MAY 03 2016
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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"/>	

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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.

(3/4/16) MIRU PU, killed well, ND wellhead, NU BOP and RU workfloor. POOH w/ 123 jts, drain valve, and ESP equipment. RIH w/ 120 jts, picked up 16 jts, tagged @ 4231' and POOH with 136 jts. Set RBP @ 4030', circulated well with 190 bbls FW, and ran USIT casing inspection log. Released and POOH w/ RBP. RIH w/ ps and drill to 4310' and circ well clean. RU WL and ran open hole CNL, GR, CCL log from TD to 3325'. Perf from 4060' to 4064' (20 shots), acidized w/ 4700 gals 15% acid, flushed w/ 20 bbls FW, and pumped 302 gals EC6490A mixed w/ 185 bbls FW and displaced w/ 140 BBLs. RIH w/ RBP and set @ 4000', circ well w/ 190 BBLs FW, RIH and set second RBP @ 2665'. POOH w/ equipment, dumped three sxs sand on top of RBP, ND BOP, NU CAP flange.

(3/24/16) Dug around WH, welder cut out old WH, plated 13 5/8" to 10 3/4" and brought 10 3/4" surface pipe and 8 5/8" production csg to surface. NU WH, tested tree to 3000 psi and it held, backfilled WH with new dirt, cleaned location and shut in well.

(3/30/16) NUBOP, RU workfloor, RU swivel and wash sand from 2650' to 2665', released RBP and POOH. Released deep RBP and POOH. PU and assembled ESP equipment and RIH w/ ESP equipment, 6' sub, 121 2 7/8" jts. RD workfloor, ND BOP, ran qci penetrator, NU wellhead tree, RD PU, RD workfloor, cleaned location and MO location.

Spud Date: 3/4/2016 Rig Release Date: 4/1/2016

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 5/2/2016

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

For State Use Only
 APPROVED BY: Mary Brown TITLE Dist Supervisor DATE 5/3/2016
 Conditions of Approval (if any)

MAY 04 2016 *MY*