

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. 30-025-28981	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	<input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. State of New Mexico A-1212-0002	
7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA)	<input checked="" type="checkbox"/>
8. Well Number 186	<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.) 3624.4' 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. **MAY 03 2016**

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

4. Well Location
Unit Letter E : 2420 feet from the North line and 213 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

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.

(3/15/16) MIRU, killed well, ND wellhead, NUBOP, and rig up workflow. POOH w/ 122 jts tbg, ESP equipment, NORM was detected on ESP, so it was disassembled and moved off to safe location with forklift. RIH w/ 4 3/4" bit, csg scraper, and 134 jts tbg and tagged PBDT @ 4310', and circulated well w/ 120 bbls FW. POOH w/ 134 jts tbg, bit, and csg scraper. RIH w/ 5 1/2" treating pkr w/ downhole pressure shut off valve, set pkr @ 4009', and pressure tested to 600 psi, which held. Pumped 500 gals xylene mixed with 50 gals EC6495B, flushed with 26 BBLs 10 # BW, and closed downhole shut valve. Released pkr, POOH w/ pkr, 126 jts tbg. RIH w/ 124 jts tbg and ESP equipment. NDBOP, NU wellhead and tested tree to 3000 psi, which held, RD workflow, cleaned location and MO location.

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 Sarah Mitchell TITLE Regulatory Specialist DATE 5/2/16

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*