

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. 30-025-29893	<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 222	<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.) 3667.3'	

**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 L : 2019 feet from the South line and 817 feet from the West line  
Section 34 Township 18S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3667.3'

HOBBS OCD

MAY 12 2016

RECEIVED

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 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.

(4/20/16) MIRU pulling unit and equipment, killed well, ND wellhead, NU BOP, and RU workflow. POOH w/ 121 jts 2 7/8 tbg and ESP equipment. ESP tested positive for NORM so it was placed on a forklift and moved off location. RIH w/ skirted bit, casing scraper, 120 jts tbg and tagged TD @ 4426'. Circ well clean. POOH w/ csg scraper and bit. RIH w/ 10 jts fiberglass, ESP equipment, cont RIH w/ 141 jts tbg. ND BOP, NU wellhead and pressure tested to 3000 psi, which held. RD pulling unit and equipment, 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 5/11/16

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

For State Use Only  
APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 5/12/2016  
Conditions of Approval (if any):

MAY 12 2016

CS