

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. 30-025-38087	<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 North Hobbs (G/SA)	<input checked="" type="checkbox"/>
8. Well Number 517	<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.) 3683' (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

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
 Unit Letter M : 635 feet from the South line and 660 feet from the West line  
 Section 18 Township 18S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3683' (KB)

**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.

(4/15/16) MIRU pulling unit and equipment, killed well, ND wellhead, NU BOP, and rig up workfloor. POOH w/ 127 jts tbg, seat nipple, 6' sub, and ESP equipment. ESP equipment tested negative for NORM. RIH w/ 4 3/4" drill bit, 6 drill collars, 135 jts tbg and tagged @ 4430'. RU power swivel, drilled to 4450' and circ well clean. POOH w/ 135 jts, bit, and drill collars. RU wireline and perf from 4417'-4425' (44 holes), 4394'-4412' (76 holes), 4382'-4386' (20 holes), 4373'-4378' (24 holes), 4356'-4366' (44 holes); 200 total holes. RIH w/ 5.5" treating pkr, 15' tailpipe, 136 jts and set pkr @ 4313'. Pumped 3320 gals of 15% acid w/ 1660 gals guidon, flushed tbg. Pumped 318 gals EC6490A mixed w/ 195 BBLs FW and displaced w/ 89 BBLs FW mixed w/ 4 gals EC9041A. Released pkr and POOH w/ 126 jts tbg, 5 1/2" treating pkr, and 15' tailpipe. RIH w/ ESP equipment, 6' sub, seating nipple and 127 jts 2 7/8" tbg. ND BOP, NU wellhead, pressure tested wellhead 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 Storaon TITLE Dist Supervisor DATE 5/12/2016

Conditions of Approval (if any):

CM