

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. 30-025-12783	<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 B-9264	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA)	<input checked="" type="checkbox"/>
8. Well Number 411	<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.) 3686' DF	

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 Injection **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 : 330 feet from the North line and 330 feet from the East line
Section 23 Township 18S Range 37E NMPM County Lea

RECEIVED
MAY 12 2016

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.

(4/4/16) MIRU pulling unit and equipment, killed well, RU wireline and set 1.5" blanking plug. Pressure tested tbg to 2000 psi and it lost pressure. ND wellhead, NU BOP, RU workfloor, unlatched from packer and circ w/ 90 BBLs 10# BW. Pressure tested csg to 560 psi and it held. Circ hole w/ 70 BBLs 10# pkr fluid. POOH w/ 126 jts duoline tbg and found 2 jts with bad seals. RIH and hydrtested 126 jts tbg, spaced out well w/ 21' of subs and latched onto pkr @ 4133'. Tested tbg to 2000 psi which held. ND BOP, NU wellhead. Ran MIT for NMOCD, casing and pkr held to 560 psi for 30 minutes. RU WL and fished 1.5" blanking plug. RD pulling unit and equipment, cleaned location and MO location.

Spud Date: 4/4/2016

Rig Release Date: 4/7/2016

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 5/11/16

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

For State Use Only

APPROVED BY: B. Lawrence TITLE Shift Manager DATE 5-31-16

Conditions of Approval (if any):

