

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

**HOBBS OGD**  
**JUN 02 2016**  
**RECEIVED**

State of New Mexico  
Energy, Minerals and Natural Resources  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-28985
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA)
8. Well Number 195
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3615' 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

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
Unit Letter P : 330 feet from the South line and 990 feet from the East line  
Section 5 Township 19S Range 38E NMPM County Lea

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"/>		OTHER: Return to producer <input checked="" type="checkbox"/>	
CLOSED-LOOP SYSTEM <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.

(4/27/16) MIRU pulling unit and equipment, ND cap flange, NU BOP, tested csg to 750 psi. RIH w/ 4 3/4", bit, 130 jts tbg, tagged CIBP @4075', tagged cmt @ 4285', continued drilling to 4300' and circ wellbore clean. POOH w/ tbg, bit and RIH w/ WL and perf 4129' to 4285', 188 holes total, POOH w/ WL. RIH w/ 5.5" RBP, 5.5" pkr, 136 jts and set RBP @ 4290' and pkr @4100. Pumped 3000 gals 15% acid flushed w/ 50 BBLs FW, pumped 170 gals of 6490 mixed w/ 105 BBLs of FW displaced w/ 100 BBLs FW. POOH w/ 130 jts tbg, pkr, and RBP. Assembled and RIH w/ ESP equipment and 127 jts tbg. ND BOP, RD pulling unit, cleaned location and MO location.

*Perfs 4129-4285*

*5/2/2016 RETURN TO PROD.*

*PM ✓*

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 5/31/16

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 6/6/2016  
Conditions of Approval (if any):

*✓*