

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

HOBBBS Energy, Minerals and Natural Resources
RECEIVED
JUL 25 2016
CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-07619
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 15
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)

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, Texas 77210

4. Well Location
 Unit Letter A : 660 feet from the North line and 660 feet from the East line
 Section 5 Township 19S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3628' KB

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.

(2/16/16) MIRU PU and equipment. NDWH x NUBOP x RU Spooler. POOH w/ ESP and disassemble ESP. ESP tested negative for NORM. Middle pump was locked but no asphaltines found. RIH w/ 4 3/4" bit and tagged TD @4312'. POOH w/ 4 3/4" bit, assembled ESP and RIH w/ ESP and ran QCI penetrator through hanger. RD workflow, NDBOP, NU cprox tree and tested tree to 3000 psi. RD PU and equipment, cleaned location, MO location.

(3/2/16) NDWH, NUBOP, POOH w/ 102 jts tbg and found 6" split in tbg. POOH w/ remaining jts tbg and ESP. RIH w/ ESP and 119 jts tbg, testing to 1500 psi every 1000' in hole. Ran QCI penetrator through hanger, RUWL, fished standing valve and RDWL. RD workflow, NDBOP, NUWH, PD PU and equipment. Cleaned location and MO location.

(4/22/2016) MIRU, killed well, ND wellhead, and NUBOP. POOH w/ 110 jts and ESP, found split in jts. RIH w/ 4 3/4" bit and 132 jts and tagged 4310'. POOH w/ 132 jts. RIH w/ new ESP equipment, 119 new jts tbg, 2 subs, SN. NDBOP, NUWH, RD PU, cleaned location and MO location.

Spud Date: 2/16/16

Rig Release Date: 4/27/2016

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE April Hood TITLE Regulatory Coordinator DATE _____

Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only
 APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 7/26/2016
 Conditions of Approval (if any): _____