

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. 30-025-28355
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs Unit (G/SA)
8. Well Number 152
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3622' 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  **Injector**

2. Name of Operator  
Occidental Permian Ltd

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

4. Well Location  
Unit Letter A : 623 feet from the North line and 632 feet from the East line  
Section 9 Township 19S Range 38E NMPM County Lea

**HOBBS**  
**JUL 28 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.

MIRU x NDWH x NUBOP. POOH on/off tool x 60 jts tbg. Unset inj pkr x POOH w/ 126 jts.  
 RIH 4 3/4" bit x 96 jts x tag @ 4266'. POOH tbg x bit. RIH 5 1/2" RBP @ 4110' x test pkr @ 4096'.  
 Pumped 25 bbls for injection rate x released pkr x RBP. Reset RBP @ 3002' x circulated well.  
 POOH RBP x 107 jts tbg. RIH 2 7/8" collar x 72 jts tbg. RIH 5 1/2" CIBP @ 4115'. Pumped cmt  
 squeeze to 2600' x drilled cmt through CIBP to 4265' @ blanking plug. RIH 4 3/4" bit x RUWL x  
 perf'd 4127' - 4256' x RDWL. Acidize perfs w/ 3200 gals 15% NEFE x 1350 gals FDSA acid.  
 RIH 128 jts x 5 1/2" pkr @ 4015' x on/off tool. RD x NUWH x 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 April Hood TITLE Regulatory Coordinator DATE 07/26/2016

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

**For State Use Only**  
 APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 8/10/2016  
 Conditions of Approval (if any):

