

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
 State of New Mexico
 Energy, Minerals and Natural Resources
SEP 20 2016
RECEIVED
 CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised July 18, 2013

WELL API NO. 30-025-23246
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name North Hobbs Unit (G/SA)
8. Well Number 142
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, TX 77210

4. Well Location
 Unit Letter M : 731 feet from the South line and 731 feet from the West line
 Section 28 Township 18S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3648' GL

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.

MIRU x NDWH x NUBOP. Shot drain holes @ 3960'. POOH 128 jts tbg x ESP. RIH 6 1/8bit x tag @ PBD @ 4470'. Pressure test well to look for leaks. RIH 7" CIBP @ 3535' w/ 8' cmt. RIH 7" CIRC @ 3756'. Pump 1000 gals of KCL x 2300 gals crystal mix x 3 bbls FW. RIH w/ stinger x attempt to pump pass retainer w/ no luck. RIH 6 1/8" bit x drilled through CIRC. RIH 7" pkr @ 3760'. Pumped 500 gals of KCL x 950 lbs of crystal seal x 110 bbls FW. POOH pkr x RIH 7" CIRC @ 3760'. RIH with 6 1/8" bit and drill through CIRC and CIBP to PBD @ 4470' x cleaned well. RIH 120 jts tbg x ESP. RD x NDBOP x NUWH.

Spud Date: 07/21/16 Rig Release Date: 08/16/16

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 09/14/2016

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 9/20/2016
 Conditions of Approval (if any):