

WELL API NO. 30-025-35332
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 621
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3655' GR

**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 C : 927 feet from the North line and 2158 feet from the West line  
Section 30 Township 18S Range 38E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK
- TEMPORARILY ABANDON
- PULL OR ALTER CASING
- DOWNHOLE COMMINGLE
- CLOSED-LOOP SYSTEM
- OTHER:
- PLUG AND ABANDON
- CHANGE PLANS
- MULTIPLE COMPL

SUBSEQUENT REPORT OF:

- REMEDIAL WORK
- COMMENCE DRILLING OPNS.
- CASING/CEMENT JOB
- OTHER:
- ALTERING CASING
- P AND A

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 130 jts tbg x ESP. RIH 4 3/4" bit x taged PBTD @ 4325'.  
RIH WL x perf'd 4114' - 4274' w/ 116 total holes. Ran acid job w/ 3930 gals 15% pad acid x  
flushed w/ 50 bbls FW. Pumped scale squeeze w/ 55 gals PAW3900 w/ 78 bbls FW x 660 gals  
RE33125SCW x flushed w/ 900 bbls FW. RIH 128 jts tbg x ESP. RD x NDBOP x NUWH.

Spud Date: 07/18/16

Rig Release Date: 07/26/16

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):