

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 OGD
 NOV 20 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 August 1, 2011

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| 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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | 7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 19 |
| 2. Name of Operator Occidental Permian Ltd. | 8. Well Number 947 |
| 3. Address of Operator 1017 West Stanolind Road Hobbs, New Mexico 88240 | 9. OGRID Number: 157984 |
| 4. Well Location Unit Letter <u>A</u> : <u>278</u> feet from the <u>North</u> line and <u>1123</u> feet from the <u>East</u> line Section <u>19</u> Township <u>18S</u> Range <u>38E</u> NMPM <u>Lea</u> County | 10. Pool name or Wildcat Hobbs (G/SA) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3678' KB | |

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

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| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
| PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input 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: <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.

1. RUPU and POOH W/ESP equipment
2. CO and Treat if necessary
3. RIH W/ESP eqmt
4. RDPU and clean location
- 5.

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

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: Terry A. Duncan TITLE WA/LS DATE 11/16/16

Type or print name Terry Duncan E-mail address terry_a_duncan@oxy.com PHONE: 575 397-8223
 For State Use Only

APPROVED BY: Maley & Brown TITLE Dist Supervisor DATE 11/21/2016
 Conditions of Approval (if any)