

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  
**HOBBS OGD**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised August 1, 2011

MAY 03 2017  
**RECEIVED**

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-43102
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other: -----		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
4. Well Location Unit Letter <u>  </u> L <u>  </u> : <u>  </u> 1964 <u>  </u> feet from the <u>  </u> South <u>  </u> line and <u>  </u> 879 <u>  </u> feet from the <u>  </u> East <u>  </u> line Section <u>  </u> 4 <u>  </u> Township <u>  </u> 19S <u>  </u> Range <u>  </u> 38E <u>  </u> NMPM <u>  </u> Lea <u>  </u> County		8. Well Number: 261
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3623.9' (KB)		9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)		

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <u>  </u> ESP Failure <input checked="" 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 PU. ND Wellhead. NU BOP
- Trip bit to confirm PBTB (5530')
- Prepare well for acid stimulation
- Stimulate w/ 15% HCL acid across entire production interval
- Flush treatment per prog
- Circulate well clean
- RIH w/ ESP production equipment
- ND BOP. NU Wellhead. RD PU

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    *Jacob A Cox*    TITLE    Production Engineer    DATE    05/03/2017   

Type or print name    Jacob S. Cox    E-mail address:    Jacob.Cox@oxy.com    PHONE:    713-497-2053     
**For State Use Only**

APPROVED BY:    *Maley Brown*    TITLE    AD/II    DATE    5/4/2017     
 Conditions of Approval (if any):