

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

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| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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.<br><b>30-025-26974</b>   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> <b>Injector</b>   |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 2. Name of Operator<br><b>Occidental Permian, Ltd</b>  |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br><b>HCR 1 Box 90 Denver City, TX 79323</b>  |  | 7. Lease Name or Unit Agreement Name<br><b>North Hobbs (G/SA) Unit</b>                              |
| 4. Well Location<br>Unit Letter <b>I</b> : <b>1400</b> feet from the <b>South</b> line and <b>1300</b> feet from the <b>East</b> line<br>Section <b>32</b> Township <b>18-S</b> Range <b>38-E</b> NMPM <b>Lea</b> County |  | 8. Well Number <b>432</b>   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br><b>3628' GL</b>  |  | 9. OGRID Number <b>157984</b>   |
| 10. Pool name or Wildcat<br><b>Hobbs (G/SA)</b>  |  |   |

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

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|--|--|--|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/><br>DOWNHOLE COMMINGLE <input type="checkbox"/><br>CLOSED-LOOP SYSTEM <input type="checkbox"/><br>OTHER: <input type="checkbox"/> |  | <b>SUBSEQUENT REPORT OF:</b><br>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/><br>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/><br>CASING/CEMENT JOB <input type="checkbox"/><br>OTHER: Casing integrity test <input checked="" 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.

Date of test: 04/12/2017  
Pressure readings: Initial - 570 PSI Ending - 540 PSI  
Length of test: 32 minutes  
Witnessed: YES - Kerry Fortner - OCD

Spud Date:

Rig Release Date:

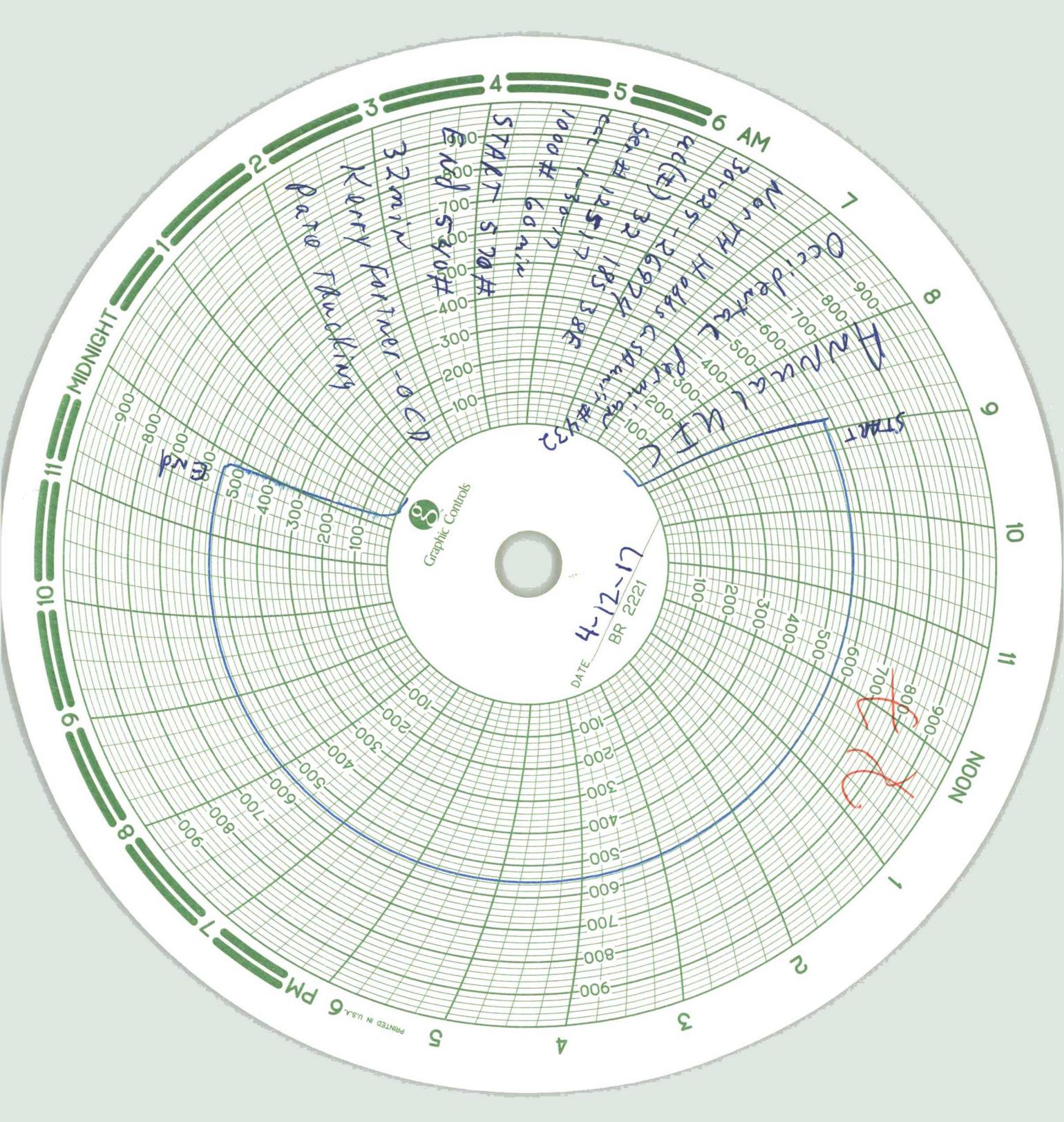
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Mendy A Johnson TITLE Admin. Associate DATE 04/28/2017

Type or print name Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com PHONE: 806-592-6280

**For State Use Only**

APPROVED BY: Kerry Fortner TITLE Compliance Officer DATE 5-5-17  
Conditions of Approval (if any):



MIDNIGHT

6 AM

NOON

6 PM

Graphic Controls

DATE 4-12-17  
BR 2221

START 5:30 AM  
End 5:40 PM

32 min Farmer - 0 CD  
Kerry Trucking  
Pete Trucking

WORTH HODDS  
Occident  
MUSIC  
START

NOON

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