State of New Mexico Office District I - (575) 393-6161 HOBBS FOR Sinerals and Natural Resources 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 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.	Form C-103 Revised August 1, 2011 WELL API NO. 30-025-26375 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name Turner Tract 2 8. Well Number: 30 9. OGRID Number: 157984
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240	10. Pool name or Wildcat Drinkard HOBBS: DRINKARD
4. Well Location	
Unit LetterE_:1990feet from theNorth line and508	
Section 34 Township 18S Range 38E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3635' (GL)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A CASING/CEMENT JOB CASING/CEMENT JOB	
OTHER: OTHER:	П
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.	
3. Set CIBP @ 6615' and cap with 35' of CMT 4. Tag TOC at 6580' tank and had a disposal perform MIT 7. Install TA wellhead	procedure we plan to use loop system with a steel aul contents to the required or ODC Rule 19.15.17
OCD i	lobbs office 24 hours
prior of running MIT Test & Chart	
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 TITLE Production Engineer DATE 08/17/2017	
Type or print name Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE: 713-497-2053 For State Use Only A D T S	
APPROVED BY: Vally Nouve TITLE HO H DATE 8 21 20 1	



