

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

Form C-103
 Revised July 18, 2013

HOBBS OCD
 FEB 12 2018
 RECEIVED

WELL API NO. 30-025-43579	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit	
8. Well Number	678
9. OGRID Number	157984
10. Pool name or Wildcat Hobbs (GSA)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3672' 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 Injector

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
P.O. Box 4294 Houston, TX 77210 R-6199-F

4. Well Location
 Unit Letter L : 2135 feet from the South line and 1289 feet from the West line
 Section 24 Township 18S Range 37E NMPM Lea County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input 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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion <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.

12/18/17 - perf'd 308 shots 4342' - 4515'

12/19/17 - acid job with 5000 gals 15% NEFE

12/19/17 - set 7" PKR @ 4284'

12/20/17 - ran 2 7/8" tubing @ 4275'

Provide inj rate + pressure

Spud Date: 12/14/17 (RUPU)

Rig Release Date: 12/20/17 (RDPU)

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

SIGNATURE *April Hood* TITLE Regulatory Specialist DATE 02/07/18

Type or print name April Hood E-mail address: April_Hood@oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY: *Sharon Sharp* TITLE *Staff Mgr* DATE 2-20-18
 Conditions of Approval (if any):