

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**  
**MAR 12 2018**  
**RECEIVED**

|   |
|---|
| WELL API NO.<br>30-025-28307  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>South Hobbs (G/SA) Unit                                     |
| 8. Well Number Coop 4   |
| 9. OGRID Number<br>157984   |
| 10. Pool name or Wildcat<br>Hobbs (G/SA)  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3626' GL                                      |

**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  
PO Box 4294 Houston, TX 77210

4. Well Location  
 Unit Letter A : 494 feet from the N line and 1025 feet from the E line  
 Section 4 Township 19S Range 38E NMPM County Lea

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

|  |   |   |  |
|--|---|---|--|
| <b>NOTICE OF INTENTION TO:</b>                 |   | <b>SUBSEQUENT REPORT OF:</b>                      |  |
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> | REMEDIAL WORK <input checked="" 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: <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 x NDWH x NUBOP
  - POOH tbg x pkr
  - RIH 4 3/4" bit x tagged TD @ 4375'
  - RIH 5 1/2" CIBP @ 4355' w/ 2 sx cmt
  - RIH on/off tool @ 4018' x pkr @ 4025' x tbg @ 4017'
  - Ran MIT chart - Chart attached
- \*\*\*\* Well is currently on injection \*\*\*\*

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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 April Hood TITLE Regulatory Specialist DATE 03/08/18

Type or print name April Hood E-mail address: April\_Hood@Oxy.com PHONE: 713-366-5771

**For State Use Only**  
 APPROVED BY: Maley & Brown TITLE AO/II DATE 3/12/2018  
 Conditions of Approval (if any):

PRINTED IN U.S.A.

POST WORK OVER

OFF HOURS  
South Lakes  
CASH COOP # 23007  
CASH COOP # 32007  
A. J. 1955-32007  
Calis. N. W. Wash  
2000-2000  
Star. Den. of  
Star. 5204  
Vol. 5204  
39 min

*[Signature]*

Reverse Unit  
w/ Brita

**HOBBS OCD**

**MAR 12 2018**

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end

Graphic Controls LLC  
(6.375 ARC LINE GRAD.)

DATE 2/23/18  
MOI P 0-1000-8-96MIN

START

