

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) 476-3461
 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 29 2018
RECEIVED

WELL API NO. 30-025-27138 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs G/SA Unit ✓
8. Well Number 142 ✓
9. OGRID Number 157984 ✓
10. Pool name or Wildcat Hobbs; Grayburg - San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3659' 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 _____ M : 1200 feet from the _____ S line and 1300 feet from the _____ W line
 Section 19 Township 18S Range 38E NMPM County Lea

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 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 3 7/8" bit x tagged @ 4317'.
 Perf'd 4112' - 4262'.
 Pumped 3000 gals 15% NEFE acid.
 RIH on/off tool x pkr 4073' @ x 129 jts tbg @ 4065'.
 Ran MIT chart - Chart attached.
 RD x NDBOP X NUWH.

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 03/21/2018
 Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771
For State Use Only
 APPROVED BY: Mary Brown TITLE AO/II DATE 4/3/2018
 Conditions of Approval (if any):

RBDMS - CHART ✓

PRINTED IN U.S.A.

Graphic Controls LLC
(6.375 ARC LINE GRAD.)

DATE 2/2/18
MCI P 0-1000-8-96MIN

START

POST WORKOVER

0x4
WORTH HBSSE 142
30-025
67%
CALIBRATION 142
1000
SERIAL DE 11/2011
START 602578
END 62017
(30 min)

[Signature]
[Signature]

HOURS OCD
MAR 29 2018
P /IED

- end

72 MIN

80 MIN

88 MIN

96 MIN

START

8 MIN

16 MIN

24 MIN

32 MIN

40 MIN

48 MIN

56 MIN

64 MIN

900
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700
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