

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 87416  
 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

**HOBBS OCD**  
**APR 25 2018**  
**RECEIVED**

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

WELL API NO. 30-025-28309
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 South North Hobbs G/SA Unit
8. Well Number Coop 6
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; Grayburg - San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3605' 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 E : 1950 feet from the N line and 535 feet from the W line  
 Section 34 Township 18S Range 37E NMPM County Lea

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

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

1/11/18 - 1/17/18 - MIRU x NDWH x NUBOP. POOH 127 jts x injection equipment. Dumped 4.5 sxs cmt @ 4470' to 4444'. WOC 2 hrs x tag cmt @ 4441'. RIH CIBP x tag at 4417. Needed to be deeper than 4433. RIH 4 3/4" bit x tag @ 4470'. Dump 5 more sxs cmt x WOC 2 hrs x tag cmt @ 4436'. RIH CIBP @ 4436'. RIH on/off too x PKR @ 4130' x 127 jts tbg @ 4123'. Ran MIT - Chart attached. NDBOP x NUWH.

2/26/18 - 2/28/18 - MIRU x NDWH x NUBOP. Pressure tested tbg at 300psi x csg at 100psi. Tested csg to 600 psi which held good. Pumped 50 bbls BW. POOH 126 jts x injection equipment. Circ well w/ 110 bbls BW x tested csg, which held 600psi. Retested tbg w/ same results, tbg leaking. Spaced well out x retested tbg to 2000psi, which held good, csg held 600psi. RIH on/off too x PKR @ 4130' x 124 jts tbg @ 4123'. Ran MIT - Chart attached. 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 04/24/2018

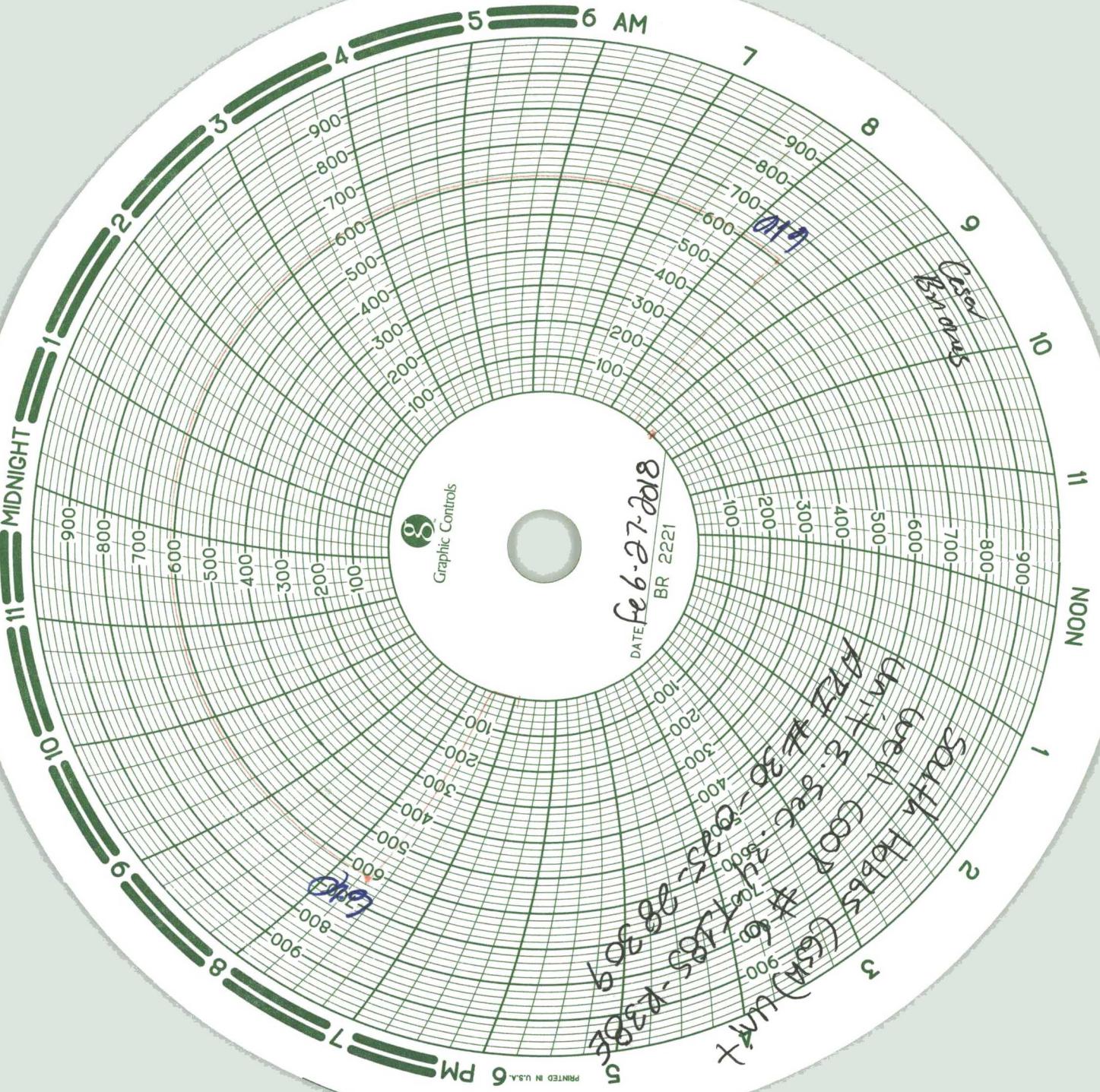
Type or print name April Hood E-mail address: April\_Hood@Oxy.com PHONE: 713-366-5771

**For State Use Only**  
 APPROVED BY: Mary Brown TITLE AO/II DATE 5/3/2018  
 Conditions of Approval (if any):





DATE Feb 27 2018  
BR 2221



Lesson  
Reviews

South Hills  
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Unit 2  
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