

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720

District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720

District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy Minerals and Natural Resources
Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-101
Revised July 18, 2013

AMENDED REPORT

HOBBES OCD
RECEIVED
JUN 15 2018

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

¹ Operator Name and Address Occidental Permian LTD PO Box 4294 Houston, TX 77210		² OGRID Number 157984
		³ API Number 30-025-26375
⁴ Property Code 19552	⁵ Property Name South Hobbs G/SA Unit	⁶ Well No. 300

7. Surface Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County
E	34	18S	38E		2000	N	540	W	Lea

8. Proposed Bottom Hole Location

UL - Lot	Section	Township	Range	Lot Idn	Feet from	N/S Line	Feet From	E/W Line	County

9. Pool Information

⁷ Pool Name Hobbs; Grayburg - San Andres	⁸ Pool Code 31920
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Additional Well Information

⁹ Work Type Plug Back	¹⁰ Well Type P	¹¹ Cable/Rotary	¹² Lease Type State	¹³ Ground Level Elevation 3637
¹⁴ Multiple N	¹⁵ Proposed Depth 6000	¹⁶ Formation San Andres	¹⁷ Contractor	¹⁸ Spud Date 07/01/2018
¹⁹ Depth to Ground water		²⁰ Distance from nearest fresh water well		²¹ Distance to nearest surface water

We will be using a closed-loop system in lieu of lined pits

21. Proposed Casing and Cement Program

Type	Hole Size	Casing Size	Casing Weight/ft	Setting Depth	Sacks of Cement	Estimated TOC
Surf	17.50	13.375	48	420	450	0
Inter	12.25	9.625	36	4401	1250	0
Prod	8.75	7	26	7050	600	4045 TS

Casing/Cement Program: Additional Comments

CIBP set @ 6615' w/ 35, cmt. Well will be plugged back into the South Hobbs G/SA Unit

22. Proposed Blowout Prevention Program

Type	Working Pressure	Test Pressure	Manufacturer
Annular	5000	3000	

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief. I further certify that I have complied with 19.15.14.9 (A) NMAC <input checked="" type="checkbox"/> and/or 19.15.14.9 (B) NMAC <input checked="" type="checkbox"/> , if applicable. Signature: <i>April Hood</i> Printed name: April Hood Title: Regulatory Specialist E-mail Address: April_Hood@Oxy.com Date: 06/12/2018 Phone: 713-366-5771	OIL CONSERVATION DIVISION Approved By:  Title: Approved Date: <i>06/18/18</i> Expiration Date: <i>06/18/20</i> Conditions of Approval Attached
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