

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

HOBBBS  
 JUL 03 2018  
 RECEIVED

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-31423
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> /
2. Name of Operator Occidental Permian LTD		6. State Oil & Gas Lease No.
3. Address of Operator PO Box 4294 Houston, TX 77210		7. Lease Name or Unit Agreement Name South Hobbs G/SA Unit /
4. Well Location Unit Letter <u>K</u> : <u>2160</u> feet from the <u>S</u> line and <u>2414</u> feet from the <u>W</u> line Section <u>4</u> Township <u>19S</u> Range <u>38E</u> NMPM County <u>Lea</u>		8. Well Number <u>235</u> /
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3622' KB		9. OGRID Number 157984
		10. Pool name or Wildcat Hobbs; Grayburg - San Andres

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. Tbg had 1000 psi x csg had 1000 psi. Circ 15 bbls down tbg x circ 90 bbls down tbg up csg. Got rate of 1/2bpm @ 600 psi. NDWH x NUBOP x pulled ESP, which was stuck. Spotted 250 gals 15% NEFE x flushed w/ 20 bbls. Pulled ESP but was unsuccessful. Spotted another 250 gals 15% NEFE x pulled ESP but still couldnt get it free. Flushed acid w/ 20 bbls BW. Ran stuck pipe log, which indicated no obstruction behind the pipe. Cut tbg @ 3835' w/ chemical cutter. POOH 118jts x ESP cable came out. RIH x latched onto fish. Pulled ESP X it came loose. ESP equipment had iron sulfide inside, pumps were stiff, seals were ok, motor was grounded. RIH w/ 43/4" bit x tagged TOL @ 3950'. Circ well clean getting iron sulfide in returns. , POOH 4 3/4" bit x RIH 3 1/4" bit x 122 jts of 2 7/8" tbg x tagged TD @ 5200'. Circ well w/ 120 bbls BW w/ 55 gals surfactant. POOH 122 jts. RIH 4" rbp @ 4010' x 5 1/2" pkr @ 3914'. Tested liner top to 600 psi which held ok. Tested csg up to surface to 600 psi which held ok. Released pkr x rbp. RIH w/ 115 jts tbg @ 3700' x ESP @ 3747'.

Spud Date: 04/25/2018      Rig Release Date: 05/01/2018

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 06/11/2018  
 Type or print name April Hood      E-mail address: April\_Hood@Oxy.com      PHONE: 713-366-5771  
**For State Use Only**

DENIED. Dates of work performed must be designated when reporting. Amend and resubmit.  
 ks      LE *Staff Mgr*      DATE 7-5-18