

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  
**HOBBS OCD**  
 Energy, Minerals and Natural Resources  
**JUL 18 2018**  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
**RECEIVED** Santa Fe, NM 87505

Form C-103  
 Revised August 1, 2011

|   |  |  |
|---|--|--|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.<br>30-025-40859   |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input checked="" type="checkbox"/>   |  | 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator<br>Occidental Permian Ltd.  |  | 6. State Oil & Gas Lease No.   |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323  |  | 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit<br>Section 19                                  |
| 4. Well Location<br>Unit Letter <u>H</u> : <u>2361</u> feet from the <u>North</u> line and <u>1064'</u> feet from the <u>East</u> line<br>Section <u>18 19</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County |  | 8. Well Number 945   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3580.6 GL   |  | 9. OGRID Number: 157984  |
|   |  | 10. Pool name or Wildcat Hobbs (G/SA)  |

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

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

- 1) Unseat dual packer, CO to PBTD 4990'
- 2) Run USIT log to validate casing integrity
- 3) Perf 4765'-4780' @ 4JPSF
- 4) Acid treat perms 4679'-4780'
- 5) RIH with dual injection packer, lower packer set at 4670' and upper packer at 4514'
- 6) Turn well to injection

**Condition of Approval: notify  
 OCD Hobbs office 24 hours**

Spud Date:  Rig Release Date:  **prior of running MIT Test & Chart**

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Alison C Ballon TITLE Production Engineer DATE 7-18-18

Type or print name Alison C Ballon E-mail address: alison\_ballon@oxy.com PHONE: 713-840-3024

APPROVED BY: Malay Brown TITLE AO/I DATE 7/18/2018  
 Conditions of Approval (if any):

ME