

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., Santa Fe, NM 87500  
District IV - (505) 496-3460  
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 August 1, 2011

WELL API NO. 30-025-07539
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
8. Well Number: 341
9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)

DEC 20 2018  
RECEIVED  
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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other: -----
2. Name of Operator Occidental Permian Ltd.
3. Address of Operator P.O. Box 4294, Houston, 77210-4294
4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>S</u> line and <u>2310</u> feet from the <u>E</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3636' (GL)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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"/>			
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. MIRU Pulling Unit and reverse unit.
2. POOH with current injection equipment
3. RIH with plug and packer and isolate casing leak
4. RIH with CIBP and set below casing leak
5. RIH with CICR and set above casing leak
6. Cement Sqz casing leak.
7. RIH with bit and DO CICR and cement to CIBP. Test casing. Continue DO to PBDT
8. POOH with bit
9. RIH with injection equipment
10. Bring well online

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

Spud Date:

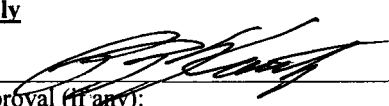
Rig Release Date:

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

SIGNATURE  TITLE Production Engineer DATE 12/18/2018

Type or print name Carlos Restrepo E-mail address carlos\_restrepo@oxy.com PHONE: 713-366-5147

For State Use Only

APPROVED BY:  TITLE Petroleum Engineer DATE 12/25/18  
Conditions of Approval (if any):

Additional Data that would not fit on the form.