

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

Form C-103
 Revised July 18, 2013

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

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 <input type="checkbox"/>	7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit
2. Name of Operator Occidental Permian Ltd.	8. Well Number 671
3. Address of Operator P.O. Box 4294 Houston, TX 77210	9. OGRID Number 157984
4. Well Location Unit Letter <u>N</u> : <u>1139</u> feet from the <u>S</u> line and <u>2424</u> feet from the <u>W</u> line Section <u>23</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County	10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3683' GR	

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

NOTICE OF INTENTION TO: 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"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input 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: Completion <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.

12/10/18 - perf'd 4 runs @ 4324' - 4511'

12/10/18 - acid job with 6100 gals 15% NEFE

12/11/18 - set ESP @ 4292'

12/11/18 - ran 129 jts. 2 7/8" tubing @ 4203'

HOBBS OCD
MAR 14 2019
RECEIVED

Spud Date:

12/06/18 (RUPU)

Rig Release Date:

12/12/18 (RDPU)

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 01/17/19

Type or print name April Hood

E-mail address: April_Hood@oxy.com

PHONE: 713-366-5771

For State Use Only

APPROVED BY:

Karen Sharp

TITLE Staff Mgr

DATE 3-14-19

Conditions of Approval (if any):