

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

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
8. Well Number 341
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3636' GL

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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <input type="checkbox"/>	
2. Name of Operator Occidental Permian LTD	
3. Address of Operator PO Box 4294 Houston, TX 77210	
4. Well Location Unit Letter O : 330 feet from the S line and 2310 feet from the E line Section 32 Township 18S Range 38E NMPM County Lea	
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 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.

1/7/19: MIRU x NDWH x NUBOP. POOH 123 jts 2 7/8" tbg, 5" inj packer, x injection equipment. RIH 4 1/8" bit x tagged pbtd @4230'. 1/8/19: RIH 5" rbp@4060' x pkr @3868'. Tested csg which held @ 600 psi x got inj rate on zone 1 pumping 1.25bpm @ 1300 psi. POOH rbp x pkr x RIH 5" cibp @4060' w. 1 sx cmt on top x pumped 10 bbls BW. 1/9/19: RIH 5" cicr @3860'. Pumped 23.5 bbls Class C cmt w/ 2% calcium chloride lead x 47 bbls Class C cmt tail x squeeze of 2500 psi. Pumped out 23 bbls of cmt. 1/10/19 - 1/15/19: RIH 4 1/8" bit x drilled through cicr x cibp x cmt down to PBTD @4230'. 1/16/19: POOH bit x shot new perfs 4220' - 4092'. 1/17/19: Performed 11 setting acid job w/ 3500 gals 15% nefe acid. 1/18/19: RIH 5 @4060" inj pkr x 123 jts 2 7/8" tbg @3856'. Ran MIT - chart attached. 1/21/19: RD x NDBOP x NUWH.

Spud Date:

1/7/2019

Rig Release Date:

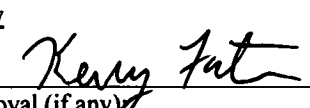
1/21/2019

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

SIGNATURE  TITLE Regulatory Specialist DATE 05/07/2019

Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY:  TITLE C. O. DATE 8-15-19

Conditions of Approval (if any)

