

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 August 1, 2011

HOBBS ODC
 OIL CONSERVATION DISTRICT
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
FEB 19 2020

WELL API NO. 30-025-35541
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: 533
9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 Gas Well Other: -----

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
P.O. Box 4294, Houston, 77210-4294

4. Well Location
 Unit Letter J : 2326 feet from the S line and 1902 feet from the E Line
 Section 29 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3646' (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.

- MIRU Pulling Unit and reverse unit.
- POOH w/ ESP equipment
- RIH w/ bit and tag for fill
- Acid treat existing perforation with ~ 3000 gal of 15% HCCL
- RIH with ESP equipment
- Place well back in service

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 2/13/2020

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

For State Use Only

APPROVED BY:  TITLE Production Engineer DATE 02/22/2020
 Conditions of Approval (if any):

Additional Data that would not fit on the form.