

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

HOBBS OGD

DEC 19 2017

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

Record Clean Up

| |
|---|
| WELL API NO. 30-025-43841 |
| 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 657 |
| 9. OGRID Number 157984 |
| 10. Pool name or Wildcat Hobbs (G/SA) |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3674' |

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 ☐ Injector ☒

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
PO Box 4294 Houston, TX 77210

4. Well Location
Unit Letter B : 160 feet from the N line and 2269 feet from the E line
Section 24 Township 18S Range 37E NMPM County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: RECLASS TO INJECTOR ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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.

This is a notice of intent to reclass well from producer to injector. ☒

Injection order covering unit on Order No. R-6199 (Case No. 15103).

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 April Hood TITLE Regulatory Specialist DATE 12/19/17

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

For State Use Only

APPROVED BY: Maley Brown TITLE AO/II DATE 12/19/2017

Conditions of Approval (if any):

District I
1625 N. French Dr., Hobbs, NM 88201
Phone: (575) 393-6181 Fax: (575) 393-6720
District II
911 S. First St., Artesia, NM 88210
Phone: (575) 746-1283 Fax: (575) 748-9720
District III
1000 Rio Grande Blvd., Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3460

HOBBS OCD

DEC 19 2017

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State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

| API Number | Pool Code | Pool Name |
|---------------|--------------------------------|----------------|
| Property Code | Property Name | Well Number |
| | NORTH HOBBS G/SA UNIT | 657 |
| OGRID No. | Operator Name | Elevation |
| | OCCIDENTAL PERMIAN LTD. | 3674.4' |

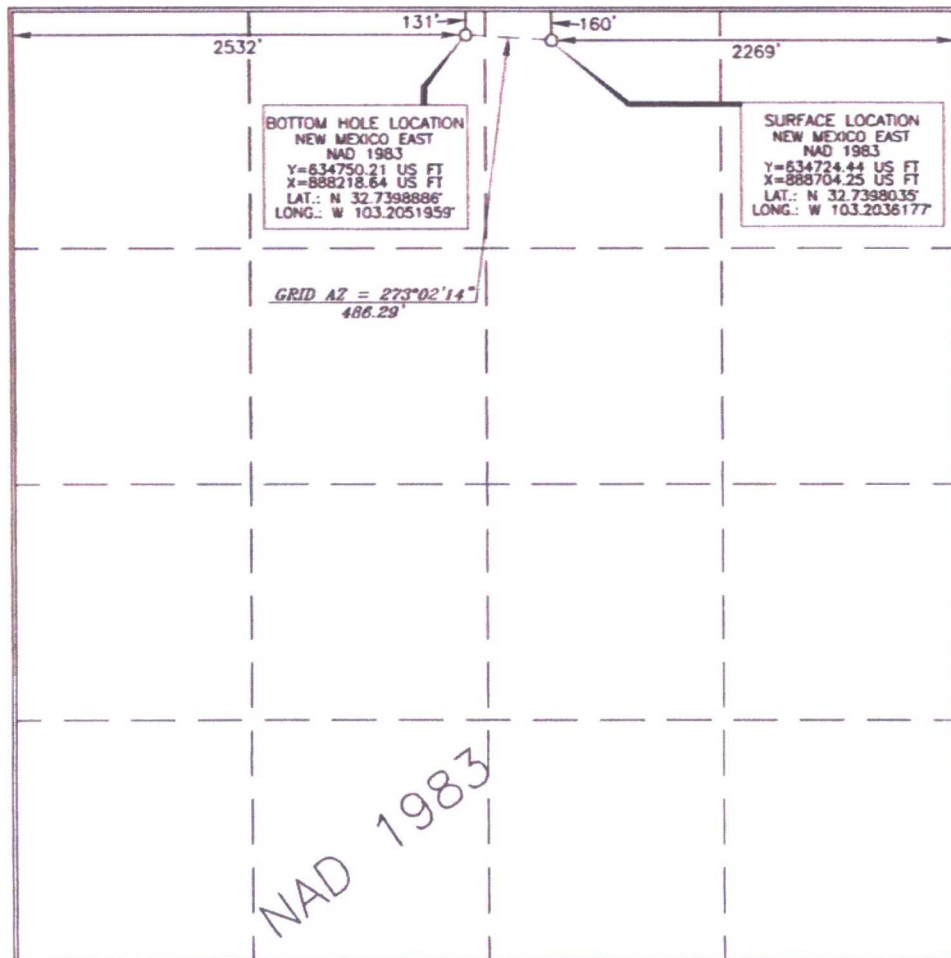
Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|-----------|-----------------|--------------------------|---------|---------------|------------------|---------------|----------------|------------|
| B | 24 | 18 SOUTH | 37 EAST, N.M.P.M. | | 160' | NORTH | 2269' | EAST | LEA |

Bottom Hole Location If Different From Surface

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|-----------------|-----------------|--------------------|--------------------------|---------|---------------|------------------|---------------|----------------|------------|
| C | 24 | 18 SOUTH | 37 EAST, N.M.P.M. | | 131' | NORTH | 2532' | WEST | LEA |
| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. | | | | | | |

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order

hereby asserted by the division

Signature: April Hood Date: 12/19/17
Printed Name: April Hood
E-mail Address: APRIL - Hood@Ory.com

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from the notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey: MARCH 24, 2017

Signature and Seal of Professional Surveyor: Tommy J. Paul

Certificate Number: 15079

WO# 170324WL-C (KA)