Submit 1 Copy To Appropriate District Office District I - (575) 393-6161 1625 N. French Dr., Hobbs, NMHOBBS District III - (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, RECEIVED 87505 SUNDRY NOTICES AND REPORTS ON WELLS	Image: Product of the section of th			
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO PROPOSALS.)	DR SUCH NORTH			
1. Type of Well: Oil Well 🔀 Gas Well 🗌 Other: Injector	8. Well Number: 24-658			
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984			
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)			
4. Well Location				
Unit Letter C: 160 feet from the North line and 2199 feet from the East line Section 24 Township 18S Range 37E NMPM Lea County				
Section 24 Township 18S 11. Elevation (Show whether DR	Range 37E NMPM Lea County			
3675' (GL)				
12. Check Appropriate Box to Indicate N	ature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK D PLUG AND ABANDON D TEMPORARILY ABANDON CHANGE PLANS D PULL OR ALTER CASING MULTIPLE COMPL D DOWNHOLE COMMINGLE	SUBSEQUENT REPORT OF: REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A CASING/CEMENT JOB			
OTHER: Initial Completion				
 Describe proposed or completed operations. (Clearly state all of starting any proposed work). SEE RULE 19.15.7.14 NMAC proposed completion or recompletion. 				
 MIRU PU Drillout DV tool and cleanout to Float Collar and record PBTD. Run CBL Selectively perforate San Andres ROZ and TZ targets between 4100' TVD and Base of Unit @ 4500' TVD. Acid treat new perforations. RIH with injection equipment and perform MIT. RDMO PU 	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 Condition of Approval: nonty			
Turn well to injection				
9. 10.				
	prior of running MIT Test & Chart			
Spud Date: Rig Release Da	ate:			
I hereby certify that the information above is true and complete to the b	est of my knowledge and belief.			
SIGNATURE fill the TITLE Prof.	Eng. DATE 11/13/17			
Type or print nameRick ReevesE-mail address <u>rick_reeves@oxy.com</u> PHONE: <u>713-215-7653</u> <u>For State Use Only</u> APPROVED BY:AU				
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