

Submit a 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

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.)		WELL API NO. 30-025-28356
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: WAG Injector		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 4294, Houston, Tx 77210		7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
4. Well Location Unit Letter <u>C</u> : <u>1105</u> feet from the <u>North</u> line and <u>1485</u> feet from the <u>West</u> line Section <u>9</u> Township <u>19S</u> Range <u>38E</u> NMPM <u>Lea</u> County		8. Well Number: 153
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3598 (GL)		9. OGRID Number: 157984
		10. Pool name or Wildcat Hobbs (G/SA)

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: Replace Isolation Packer <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 PU. POOH with Injection completion
- RIH with two mechanical packers (Bottom hydraulic packer started leaking so plan to replace with mechanical packer to improve conformance)
- Put the well back on injection

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: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

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 Faris TITLE Production Engineer DATE 2/01/2020

Type or print name Faris Al Ismaili E-mail address faris_al_ismaili@oxy.com PHONE: 832-973-0186

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 4/30/21

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Santa Fe, NM 87505

CONDITIONS

Action 18324

CONDITIONS OF APPROVAL

Operator: OCCIDENTAL PERMIAN LTD P.O. Box 4294 Houston, TX772104294			OGRID: 157984	Action Number: 18324	Action Type: C-103X
OCD Reviewer			Condition		
kfortner			run Post work over MIT test		