| Submit 1 Copy To Appropriate District Office   | State of New Mexico Form C-103   |  |   |  |
|--|----------------------------------|--|---|--|
| <u>District I</u> – (575) 393-6161<br>1625 N. French Dr., Hobbs, NM 88240  | Energy, Minerals and Natural Ro  | WELL API NO.   | evised August 1, 2011   |  |
| <u>District II</u> – (575) 748-1283<br>811 S. First St., Artesia, NM 88210   | OIL CONSERVATION DIV             | VISION 30-025-28344  |   |  |
| <u>District III</u> – (505) 334-6178   | 1220 South St. Francis I         | L 5 Indicate Type of Lea   | se<br>FEE   |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u> – (505) 476-3460  | Brazos Rd., Aztec, NM 87410      |  | se No.  |  |
| 1220 S. St. Francis Dr., Santa Fe, NM<br>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 |                                  | CK TO A South Hobbs (G/SA) Ur  | 7. Lease Name or Unit Agreement Name<br>South Hobbs (G/SA) Unit |  |
| PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other: WAG INJECTOR  |                                  | 8. Well Number: 141  |   |  |
| 2. Name of Operator  |                                  | 9. OGRID Number: 15'   | 9. OGRID Number: 157984   |  |
| Occidental Permian Ltd.  |                                  |  | 10 D 1 Will W 11 (0/04)   |  |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323   |                                  | 10. Pool name or Wildo   | 10. Pool name or Wildcat Hobbs (G/SA)                           |  |
| 4. Well Location   |                                  |  |   |  |
| Unit LetterK_:1478feet from theSouth line and2595feet from theWestline   |                                  |  |   |  |
| Section 4 Township 19S Range 38E NMPM Lea County   |                                  |  | County  |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3618.4' (RDB)   |                                  |  |   |  |
| 3010. <del>1</del> (ADB)   |                                  |  |   |  |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   |                                  |  |   |  |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:  |                                  |  |   |  |
| PERFORM REMEDIAL WORK X PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐   |                                  |  |   |  |
| TEMPORARILY ABANDON  |                                  |  |   |  |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE   |                                  |  |   |  |
|  |                                  |  |   |  |
| OTHER:  OTHER:  OTHER:  OTHER:  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. MIRU PU. POOH with INJ equipment  |                                  |  |   |  |
| 2. RIH with CIBP and CICR to sq  | During this procedure we plan to | procedure we plan to disc  |   |  |
| perforations. the closed-  |                                  | the closed-loop system with a st<br>tank and haul contents to the re | and contents to the required                                    |  |
| <ul><li>3. Drill out leak and test squeeze.</li><li>4. RIH with injection equipment.</li><li>disposal needs to tank and head the disposal needs to tank and head test squeeze.</li></ul> |                                  | disposal per ODC Rule 19.15.17                                       | or ODC Rule 19 15 17  |  |
| 5. Circulate packer fluid  |                                  |  |   |  |
| 6. RDPU  |                                  |  |   |  |
| 12/3/2020 - NMOCD  |                                  |  | 020 - NMOCD   |  |
| 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 DATE DATE DATE DATE DATE DATE  |                                  |  |   |  |
| 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:   | TITLE                            | DATE   |   |  |
| Conditions of Approval (if any):   | <del></del> -                    |  |   |  |