Submit I Copy To Appropriate Office	State of 1 to v 1		Form C-103 Revised August 1, 2011
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM	4.00040	Energy, Minerals and Natural Resources	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88	HOBBS OCD OIL CONSERVATIO	N DIVISION	30-025-29755
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 JAN 08 2014220 South St. Francis Dr. District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM			5. Indicate Type of Lease STATE FEE
			6. State Oil & Gas Lease No.
87505	RY NOTICES AND REPORTS ON WELL	S	7. Lease Name or Unit Agreement Name
(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.)			South Hobbs G/SA 8. Well Number
1. Type of Well: Oil Well Gas Well Other Injector			217
2. Name of Operator Occidental Permian Ltd.	y		9. OGRID Number: 157984
3. Address of Operator	ity TY 70323		10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323 4. Well Location			
Unit LetterF	3_:_1407feet from theNorth I	line and2203	_feet from theEastline
Section 4 Township 19S Range 38E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3633 KB			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILL			
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB			·
DOWNHOLE COMMINGL	E .		
OTHER:		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.			
1) Rig up Coiling Tubing Unit with Perf Clean Tool			
2) TIH to 4413'.3) Run perf clean tool with water across perforations 4175-4363'.			
4) Close backside and repeat perf wash from 4175-4363' with 2500 gals 15% NEFE HCL			
5) Pump 10 bbls gel sweep to bring fines to the surface 6) POOH with CT and RD Coil Tubing Unit 6 During this procedure we plan to use 6 the closed-loop system with a steel			
7) Return well to injection tank and haul contents to the required			
		disposal per OD	OC Rule 19.15.17
Spud Date:	Rig Release I	Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE TITLE Injection Well Analyst DATE 1-6-14			
Type or print name _Robbie Underhill E-mail address: <u>Robert Underhil@oxy.com</u> PHONE: <u>806-592-6287</u>			
APPROVED BY: Majey Stown TITLE Compliance Officer DATE 1/8/2014			
Conditions of Approval (if any)			
			1