

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  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

30-025-12783 Form C-105  
Revised August 1, 2011

|   |
|---|
| WELL API NO.<br>30-025-05436  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit<br>Section 23                       |
| 8. Well Number 411  |
| 9. OGRID Number: 157984   |
| 10. Pool name or Wildcat Hobbs (G/SA)   |

|   |             |
|---|-------------|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>  | HOBBS OCD   |
| 2. Name of Operator<br>Occidental Permian Ltd.  | APR 29 2014 |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323  | RECEIVED    |
| 4. Well Location<br>Unit Letter <u>A</u> : <u>330</u> feet from the <u>North</u> line and <u>330</u> feet from the <u>East</u> line<br>Section <u>23</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County | RECEIVED    |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3687' KB  |             |

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: ☐ 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) POOH with injection equipment
- 2) Clean out to 4320'
- 3) Squeeze Zn 2C & 2D perfs
- 4) Drill out CICR & cmt, clean out to TD @4365
- 5) Perf per prog
- 6) Acid treat per prog
- 7) RIH with injection assembly per Robbie Underhill
- 8) Return well to 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 Robbie Underhill TITLE Injection Well Analyst DATE 4-24-14

Type or print name Robbie Underhill E-mail address: Robert\_Underhill@oxy.com PHONE: 806-592-6287

For State Use Only

APPROVED BY: Mark Brown TITLE Dist. Supervisor DATE 4/29/2014  
Conditions of Approval (if any):

APR 30 2014