Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised August 1, 2011	
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	trict I – (575) 393-6161 Energy, Minerals and Natural Resources		WELL API NO.	
<u>District II</u> - (575) 748-1283	748-1283 OIL CONSERVATION DIVISION		30-025-42647	/
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505		STATE FE 6. State Oil & Gas Lease No	
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Guilla P by 1911 0		0. State Off & Gas Lease NC	J.
	ICES AND REPORTS ON WELLS ISALS TO DRILL OR TO DEEPEN OR PLI CATION FOR PERMIT" (FORM C-101) FO		7. Lease Name or Unit Agree South Hobbs (G/SA) Unit	eement Name
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well 🛛 Other: Injector	HORRSOCD	8. Well Number: 256	-/
2. Name of Operator Occidental Permian Ltd.		SEP 3 0 2015	9. OGRID Number: 157984	
3. Address of Operator			10. Pool name or Wildcat F	lobbs (G/SA)
HCR I Box 90 Denver City, TX 7	9323	RECEIVED		
4. Well Location		_		
	88feet from theSouth line			
Section 4	Township 19S	Range 38E	NMPM Lea	County
	3628.7' (KB)	, KKD, KI, UK, $eic.$		
12. Check	Appropriate Box to Indicate N	ature of Notice,	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WORK				
TEMPORARILY ABANDON 🔲 CHANGE PLANS 📃 COMMENCE DRIL			—	
		CASING/CEMENT	ТЈОВ 🗌	
OTHER: Initial Completion		OTHER:		
	oleted operations. (Clearly state all pork). SEE RULE 19.15.7.14 NMAC completion.			
1 Drillout DV tool to Float Colla	r at 5131'			•
 Drillout DV tool to Float Collar at 5131' Log well During this			procedure we plan to use	
3. Based on cased hole log results, select perforations and acid treat the closed-			loop system with a steel	
4. RIH with injection equipment tank and h			aul contents to the require	rea
5. Turn well to injectiondisposal period6.			er ODC Rule 19.15.17	,
7.				
8.				
9.				
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information	shows is true and complete to the h	ant of my knowlodge	o and haliaf	
	above is true and complete to the or	est of my knowledge	e and bener.	
SIGNATURE RULL	TITLE Injectio	on Well Analyst D	DATE 9-24-15	
_ <u>_</u>				
Type or print name _Robbie Underh For State Use Only	ill E-mail address <u>Robert U</u>	nderhill@oxy.com	PHONE: <u>806-592-628</u>	<u>7</u> .
APPROVED BY:	TITLE Petre	oleum Engineer	DATE	7/30/15
Conditions of Approval (if any):				
		s 👫 /	* • • • •	Am
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