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	Energy, Minerals and Natural Resource	WELL API NO.
<u>District 11</u> – (575) 748-1283	OIL CONSERVATION DIVISION	20.025.42607
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 FEE S
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Sana re, mm 87505	6. State Oil & Gas Lease No.
87505 SUNDRY NOT	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN ONOBBS OCD A CATION FOR PERMIT" (FORM C-101) FOR SUCH	South Hobbs (G/SA) Unit
1. Type of Well: Oil Well	Gas Well 🛛 Other: InjectoSEP 🗿 0 2015	8. Well Number: 259
2. Name of Operator		9. OGRID Number: 157984
Occidental Permian Ltd.		
3. Address of Operator	RECEIVED	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79	9323	
4. Well Location		
Unit Letter I: 2018 feet from the South line and 557 feet from the East line		
Section 4 Township 19S Range 38E NMPM Lea County		
	11. Elevation (Show whether DR, RKB, RT, G	R, etc.)
	3628.5' (KB)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
		SUBSEQUENT REPORT OF:
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A		
_	_	_
OTHER: Initial Completion		
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. Drillout DV tool to Float Colla	r at 4895'	
 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 used treat tank and haul contents to the required		
5. Turn well to injection disposal per ODC Rule 19.15.17		
0.		
7. 8.		
8. 9.		
2.		
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my kno	wledge and belief.
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SIGNATURE KMC	TITLE Injection Well Analys	t DATE 9-28-15
Type or print name _Robbie Underh For State Use Only	ill E-mail address <u>Robert Underhill@oxy.c</u>	om PHONE: <u>806-592-6287</u>
Deteniour Fait and a		
APPROVED BY:		
Conditions of Approval (If any):		
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