Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
District 1 – (575) 393-6161	ergy, Minerals and Nat	ural Resources	WELL ABOVE	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 MAR 2 9 OH CONSERVATION DIVISION			30-025-43078	of Lanca
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM			5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.	
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 PROPOSALS.)			7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit	
1. Type of Well: Oil Well Gas Well Other Injector			8. Well Number	
2. Name of Operator			9. OGRID Number: 157984	
Occidental Permian Ltd. 3. Address of Operator			10. Pool name or Wildcat: Hobbs (G/SA)	
HCR 1 Box 90 Denver City, TX 79323				
4. Well Location				
	from the _North line a	and 1699 (feet from the East	line
Section 24	Township 18S			
	evation (Show whether Dh			Bea
	l' (GL)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DOWNHOLE COMMINGLE	PLE COMPL	CASING/CEMEN		
OTHER: Initial Completion		OTHER:		
Describe proposed or completed oper of starting any proposed work). SEI proposed completion or recompletion.	E RULE 19.15.7.14 NMA			
 Drill Out DV tool to Float Collar RU wireline & run CNL/GR/CBL/C 	CI per prog	During th	is procedure we	plan to use
3) Perforate and acid treat in San Andres formation the close			ed-loop system with a steel	
4) RIH w/ injection equipment			haul contents to the required	
5) Turn well to injection			per ODC Rule 19.15.17	
		disposal	per ODC Rule 1	3.13.1
Condition of Approval: no	tify			
			17 P. 17 19 19 19 19 19 19 19 19 19 19 19 19 19	
Spud Date: OCD Hobbs office 24 hou	Rig Release D	ate:		
prior of running MIT Test &	Chart	- Limpuninian militara.	***	_
hereby certify that the information above is	true and complete to the b	est of my knowled	ge and belief.	
111				
SIGNATURE WOULD	TITLE Prod	uction Engineer	DATE 3/29/	2016
	11122_1100	detion Engineer		2010
	mail address: Jacob C	Cox@oxy.com	PHONE: _713	-497-2053
For State Use Only	?			. 1
APPROVED BY: Valey	DIQUITARIO E DI	AT DURO	WWOL DA	TE 3/29/201
Conditions of Approval (if any):	ITTLE	The second secon	DP	