Submit I Copy To Appropriate District	State of N	New Me	exico	Form	C-103
District B575) 353-616 CD	Energy, Minerals and Natural Resources			Revised August 1, 2011 WELL API NO.	
District II - (575) 748-1283	OIL CONSERVATION DIVISION			30-025-28344	
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 District W (505) 476-3460	Santa Fe, NM 87505			STATE FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505	,			o. State on & Gas Ecase No.	
SUNDRY NOTICES AND REPORTS ON WELLS				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) Unit	
1. Type of Well: Oil Well Gas Well Other: Injector				8. Well Number 141	THE
Name of Operator Occidental Permian Ltd.				9. OGRID Number: 157984	
3. Address of Operator		- Fig		10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 7	9323				
4. Well Location					100
				feet from theWestline	
Section 4	Township 11. Elevation (Show who	19S	Range 38E		nty
3618.4' (RDB)					
12. Check	Appropriate Box to Ind	licate N	ature of Notice	Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR				그 이 그들은 이렇게 그 물로에 되는 뒤를 모르게 되는 것이 되어졌다. 그렇게 되었다. 나이트의 모르는 나이트	NG 🗆
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DR			RILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL		CASING/CEMEN	IT JOB	
DOWNHOLE COMMINGLE					
OTHER:			OTHER:		
13. Describe proposed or comp	ork). SEE RULE 19.15.7.1	state all	pertinent details, an	nd give pertinent dates, including estim empletions: Attach wellbore diagram of	ated date
POOH w/ production equipment					
2. Clean out well to PBTD @4290'.			During this pro	cedure we plan to use	
2 Determined to 12001				system with a steel	
4. Perforate 4230 -47, 4230 -61, and 4264 -95				contents to the required	
				OC Rule 19.15.17	
7. Put well on injection					
Spud Date:	Rig R	elease Da	ate:		
- W - 1 - W - 1					
I hereby certify that the information	above is true and complete	e to the b	est of my knowled	ge and belief.	
(h -					
SIGNATURE	TITLE	Injecti	ion Well Analyst	DATE_ 5-4-15	
Type or print name Robbie Underhill E-mail address Robert Underhill@oxy.com PHONE: 806-592-6287					
For State Use Only	O man address_1	LUCUIT C	ALGORDANICON Y. COLI	111/11/11/11/11/11/11/11	
APPROVED BY:	/ mm	12	She n	mago DATE 4-8.16	
Conditions of Approval (if any):	once IIII		-14/ 11/6	JAIE / - 10	and the second second second