Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283			WELL API NO. 30-025-28344
811 S. First St., Artesia, NM 88210 HOBBSOUGDNSERVATION DIVISION			5. Indicate Type of Lease
District III = (505) 334-6178 1220 Courth Ct. Enomaia Du			STATE STEE STEE
1000 Rio Brazos Rd., Aztec, NM 87410 OCT 0 1 2018 Santa Fe, NM 87505			6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			
SUNDRY NECESTIVITY PORTS 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
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			
	78feet from theSouth lin		feet from theWestline
Section 4 Township 19S Range 38E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3618.4' (RDB)			
3010.1 (100)			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK X PLUG AND ABANDON REMEDIAL WORK ALTERING CASING ALTERING CASING			
TEMPORARILY ABANDON			
DOWNHOLE COMMINGLE	MOETIFLE COMPL	CASING/CEIVIEN	TJOB 🗌
OTHER: MIT Failure		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.			
MIDLI DU BOOH with INI equipment			
MIRU PU. POOH with INJ equipment RIH bit and clean out to PBTD (4300')			procedure we plan to use
RIH with RRP and Packer and pressure test casing the closed-			loop system with a steel
tank and ha			ul contents to the required
packer/tubing issue, replace with tested equipment. disposal per ODC Rule 19.15.17			
 RIH with injection equipment. Circulate packer fluid Condition of Approval: notify 			
Perform MIT			
CCD Hobbs office 24 hours			
prior of running MIT Test & Chart			
Spud Date:	Rig Release Dat	te:	
<u> </u>			
hereby certify that the information above is true and complete to the best of my knowledge and belief.			
\sim			
SIGNATURE TITLE Production Engineer DATE 09/28/2018			
ype or print name <u>Jake Perry</u> E-mail address: <u>Jake Perry@oxy.com</u> PHONE: 713-215-7546			
For State Use Only			
APPROVED BY: Marky State Use Only APPROVED BY: DATE 10/1/2018 Conditions of Approved (if any)			
Conditions of Approval (if any):			