Submit 1 Copy To Appropriate District Office	Energy Minorals and Network Becomer			Form C-103 August 1, 2011	
District 1 – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	rugust 1, 2011	
District II - (575) 748-1283	OIL CONSERVATION DIVISION		30-025-31421		
811 S. First St., Artesia, NM 88210 District 111 – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lease		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460	Santa Fe, NM 87505		STATE FEE 6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			19552	in the second	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreen	ment 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: 230	1	
2. Name of Operator Occidental Permian Ltd.	MAR 1 6 2015		9. OGRID Number: 157984		
3. Address of Operator HCR 1 Box 90 Denver City, TX 7	9323 RECEIVED		10. Pool name or Wildcat Hobbs (G/SA)		
4. Well Location					
Unit Letter B:1	100feet from theNorthl	ne and2220	feet from the East line		
Section 4 Township 19S Range 38E NMPM Lea				County	
	11. Elevation (Show whether DI	R, RKB, RT, GR, etc.)			
	3632' KB				
	Appropriate Box to Indicate I		-		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:					
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT					
		CAGING/CEWEN			
OTHER:		OTHER:			
	bleted operations. (Clearly state all ork). SEE RULE 19.15.7.14 NMA completion.				
1. MIRU Pulling Unit					
2 DOOL with intertion committee			procedure we plan to use		
	Set CIBP above current open pay to shutoff injection (top perf @ the closed-			loop system with a steel	
4070') tank and ha			ul contents to the require	a	
 Selectively perforate interval 4016'-4045' RIH with injection equipmentCHAPTTEST disposal per ODC Rule 19.15.17 					
 RIH with injection equipmentCHAPLIESI Return well to injection. 					
7.	the stand stand of the stand of				
8.	Condition of Approva	l' notify			
10. OCD Hobbs office 24 hours					
prior of running MIT Test & Chart					
Spud Date:	Rig Release D	ate:			
I hereby certify that the information	above is true and complete to the h	est of my knowledge	and helief		
Thereby certify that the information	above is the and complete to the c	est of my knowledge	and benet.		
SIGNATURE Mile	TITLE	DATE 03	115116		
12		-			
Type or print name E-mail address PHONE:					
For State Use Only					
APPROVED BY: Maley Strown TITLE Dist Superviser DATE 3/16/2016 Conditions of Approval (if any):					
				m	
				11.	

MAR 1 6 2016