Submit I Copy To Appropriate District State of New Mexico	Form C-103 Revised August 1, 2011
District 1 – (575) 393-616+ OBBS Energy, Minerals and Natural Re	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 882107 0 9 2016 OIL CONSERVATION DIV	ISION 30-025-43104
<u>District III – (505) 334-6178</u> 1220 South St. Francis I	
1000 Rio Brazos Rd., Aztec, NM 87410	6. State Oil & Gas Lease No.
District IV – (505) 476-3460 PECEIV Santa Fe, INIVI 87505	0. State Off & Gas Lease NO.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAG DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUC	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 267
2. Name of Operator	9. OGRID Number: 157984
Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat: Hobbs (G/SA)
4. Well Location (Surface)	667 Fact From the Wast line
Unit LetterD_:165feet from the _North line and Section 9 Township 19S Ran	
Section 9 Township 19S Range 38E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 11. Elevation (Show whether DR, RK	
3600.7' (GL)	
12. Check Appropriate Box to Indicate Nature	of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB	
OTHER: Initial Completion 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.	
1) Drill Out DV tool to Float Collar at 5332'	
2) RU wireline & run CNL/GR/CBL/CCL per prog During this procedure we plan to use	
3) Perforate and acid treat in San Andres formation	the closed-loop system with a steel
 4) RIH w/ injection equipment 5) Turn well to injection 	tank and haul contents to the required
5) Turn wen to injection	disposal per ODC Rule 19.15.17
Condition of American Is matter	
Condition of Approval: notify	the second se
Spud Date: OCD Hobbs office 24 hours Rig Release Date:	
prior of running MIT Test & Chart	
briet of funning will lest et Cusit	
I hereby certify that the information above is true and complete to the best of a	ny knowledge and belief.
SIGNATURE DATE 05/09/2016	
Type or print name Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE: 713-497-2053 For State Use Only NO	
APPROVED BY: Many Strownertle Dist Superison DATE 5/12/206	
Conditions of Approval (if any):	
V	