District of 231 379-461       Description of the constraints of the	Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103	
BITS First S, Add SM Ferr       UL CONSERVATION DIVISION       5. Indicate Type of Lase         BITS First S, Add SM FERT       UL CONSERVATION DIVISION       5. Indicate Type of Lase         Description of the state of the	1625 N. French Dr., Hobbs, NM 88240		WELL API NO.	
1000 Reprove R4, Area provide Status       Santa Fe, NM 87505       6. Status Coll & Gas Lease No.         17000 Reprove R4, France No. Lease No.       Signed Coll (30, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1	811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
1202 St Function - Small Fr. MM       Image: Stream of the Provided And RepORTS ON WELLS       Image: Stream of Constraints of Distribution of Depretions PLICE BACK TO A         POPTERINT RESERVOID FOR PROVIDE AND REPORTS ON WELLS       Image: Stream of Constraints of Distribution on Depretions PLICE BACK TO A       North Hobbs GGA Unit         1. Type of Well: Oil Well: Gas Well   Other Injector       9. OGRID Number       157864         3. Address of Operator       9. OGRID Number       157864         4. Well Location       10. Pool name or Wildcat       Hobbs Grayburg - San Andress         4. Well Location       11. Elevation Kinow whether DR, RKB, RT, GR, etc.)       3237 KB         SUBSEQUENT REPORT OF:         SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK   PLUG AND ABANDON           SUBSEQUENT REPORT OF:         SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK   PLUG AND ABANDON           CHARGE PROVIDE AND ABANDON           COMMENCE Communication of the San	1000 Rio Brazos Rd., Azteg NØ 894 R 7118			
DO NOT USE THIS FORM TORE PROPOSALS TO DEALL OR TO DEEPEN OR PLUCE BACK TO A IN THE TREAM RESERVANCE. USE "APPLICATION TORE RETURN (FORM - UNDER SUCH IN THE PROVIDE USE APPLICATION TORE RETURN (FORM - UNDER SUCH IN THE PROVIDE USE APPLICATION TO RETURN (FORM - UNDER SUCH IN THE DEVICE APPLICATION TO THE TREAM OF THE APPLICE BACK TO A IN THE ICH INTERNATION TO THE TREAM OF THE APPLICE BACK TO A IN THE ICH INTERNATION TO THE TREAM OF THE APPLICE BACK TO A IN THE ICH INTERNATION TO THE INTERNATION TO THE INTERNATION OF THE APPLICE BACK IN THE ICH ICH INTERNATION TO INTERNATION TO INTERNATION TO THE INTERNATION OF THE APPLICE BACK I. L. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REVENDAL WORK INTO THE OWNER IN THE APPLICE BACK TO A I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) 3673 KB  I. L. Elevation (Show whether DR. RKB, RT, GR. etc.) MILL OR ALTERING CASING INCL COMMENCE ORNINGLE INTERNING INCL COMMENCE ORNINGLE INTERNING INCL COMMENCE COMMINGLE I. L. Elevation (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, in	1220 S. St. Francis Dr., Santa Fe, NM			
Impervised of the one of the other injector       8. Well Number 422         1. Type of Well © Of Well © Gas Well © Other Injector       9. OCRID Number         2. Name of Operator       9. OCRID Number         PO Box 4294       Houston. TX 77210       10. Pool name or Wildcat         4. Well Coation       10. Pool name or Wildcat       Hobbs: Grayburg - San Andres         4. Well Coation       11. Elevation (Now whether DR, RKB, RT, GR, etc.)       3973 KB         Section 24 Township 185 Range 37E NNPM County Lea         ILEVALUE OF INTENTION TO:         SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK PLUG AND ABANDON COMPLAND NOT COMMENCE OF ILLING OPNS PAD A         DOWNENCE OF INTENTION TO:         Subsective reports of the Completion of the Completion of the Completion of the Completion of the Commence o				
1: Operator       Occentor         Occedental Permian LTD       0: OGRID Number         10: Pool name or Wildcat       10: Pool name or Wildcat         PO Box 4294       Houston, TX 77210         4. Well Location       Linit Letter         H. Elevation (Now whether DR, RKB, RT, GR, etc.)         3673 KB         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         PERFORM REPEDIAL WORK         DOWNHOLE COMMINGLE         CLOBED LOOP SYSTEM         OTHER         OTHER         13. Describe proposed or completed operations. (Clearly state all pertinent datals, and give pertinent dates, including estimated date of starting any proposed or work). SEE RULE 19:15:7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         MIRU × NUBOP, POOH 122 jts x injection equipment.         RH 5 1/2" test PKR @ 3950'. Test Csg 550pi, ok.         Reise Including RU 2000 ki keded 10 Opsi in Lismins.         Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok.         RIH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.         Spud Date:       04/02/2018         Rig Release Date:       04/06/2018         Thereby certify that the information above is true and complete to the bes	DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			
Occidental Permian LTD       157984         3. Address of Operator       10. Pool name or Wildcat         PO Box 4294       Houston, TX 77210       Hobbs; Grayburg - San Andres         4. Well Location       Unit Letter       H       : 2310       feet from the       N       line and       330       feet from the       E       line         980x 4294       Houston, TX 77210       II. Elevation (Show whether DR, RKB, RT; GR, etc.)       3873 KB       State       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG G AND ABANDO          REMEDIAL WORK       M LITENE CASING          COMMENCE OF LIUG AND ABANDO            PULL RA ALTER CASING       MULTIPLE COMPL       COMMENCE DE ILLIG AND ABANDO          Commence DRILLING OPNS          PAND A         900WHOLE COMMINGLE       COMMENCE DE ILLI 2015,7,14 NMAC. Son Multiple Completions (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed over). SEE RULE 1215,7,14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         MIRU x NDWH x NUBOP. POOH 122 jts x injection equipment.       RIH S 1/2 <sup>2</sup> test PKR @ 3950'. Test Csg 550psi, ok.         Test injection PKR 1200psi x leaked 10 0psi in Tsmins.       Reset PKR @ 3954' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.       Spud Date:       04/02/2018       Rig Release D		Other Injector		
PO Box 4234       Houston, TX 77210       Hobbs; Grayburg - San Andres         4. Well Location       Unit Letter       H : 2310       feet from the N       ine and 330       feet from the E       line         9       Box 4234       Township 185       Range 37E       NMPM       County Lea         11. Elevation (More whether DR. RKB, RT, GR. etc.)       3673 KB       Sof3 KB       Sof3 KB         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       DLIG AND ABANDON       Change PLANS       ALTERING CASING       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE COMPL       COMPL       CASING/CE DRILLING OPNS       P AND A         DOWHOLE COMMINGLE       OTHER       OTHER       OTHER       Interview of the 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.         MIRU x NDWH x NUBOP. POOH 122 Jts x injection equipment.       RH 5 1/2' test PKR @ 350'. Test Cgs 550 psi, ok.         Test injection PKR 1200psi x leaked 10 0psi in 15mins.       Re-set PKR @ 3535'. Test Tbg 1800psi, ok x pressure test Cgs 600psi, ok.         Rig nol off to cox PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.       NDBOP x NUWH.	Occidental Permian LTD		157984	
Unit Letter       H : 2310       feet from the       N       line and       330       feet from the       E       line         Section       24       Township       188       Range       37E       NMPM       County       Lea         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       3673 KB       Station (Show whether DR, RKB, RT, GR, etc.)       3673 KB         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       Change PLUG       ALTERING CASING         DOWNHOLE COMMINGLE       County Jea       ALTERING CASING       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         DOWNHOLE COMMINGLE       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         OTHER:       OTHER       OTHER       ALTERING CASING       CASING/CEMENT JOB         13. Describe proposed or completed operations.       Clearly state all pertinent details, and give pertinent dates, including estimated date or stating any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion recompletion.         MIRU x NDWH x NUBOP. POOH 122 jts x injection equipment.       RIH 5 1/2' test PKR @ 3955'. Test Dg 1800pisi, okx pressure test CSg 600pisi, ok.				
Section       24       Township       188       Range       37E       NMPM       County       Lea         11. Elevation (Show whether DR, RRB, RT, GR, etc.)       3873 KB       3873 KB       County       Lea         11. Elevation (Show whether DR, RRB, RT, GR, etc.)       3873 KB       Section       24       ALTENING County       Lea         11. Elevation (Show whether DR, RRB, RT, GR, etc.)       3873 KB       Section       Section       24       ALTENING CASING         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLU and AEANDON       Change PLANS       Commence DRILLING OPNS       P AND A         PUL OR ALTER CASING       MULTIPLE COMPL       Commence DRILLING OPNS       P AND A       Commence DRILLING OPNS       P AND A         OWNHOLE COMMINGLE       Cologo Doop System       OTHER:       The NR 2003pt: NES CG \$550pt; 0k.       Rest PKR @ 3955'. Test Cg \$550pt; 0k.       Rest PKR @ 3955'. Test Tg 1800psi; 0k x pressure test Cs 600psi ; 0k.       RH H on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.       NDBOP x NUWH.         Spud Date:       04/02/2018				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)         3673 KB         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         FERFORM REPOLAL WORK I PLUG AND ABANDON         Common Colspan="2">SUBSEQUENT REPORT OF:         FERFORM REPORT OF INTERING CASING           COMMENCE OF INTERNOT ON DOB ABANDON         Common Colspan="2">SUBSEQUENT REPORT OF:         FERFORM REPORT OF INTERNOR CASING           COMMENCE DE INTERNOR CASING           COMMENCE OF INTERNOR CASING           OWNHOLE COMMINGE         OULD OF SYSTEM         OTHER:				
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         TEMPORARILY ABANDON       CHANGE PLANS         TEMPORARILY ABANDON       CHANGE PLANS         OWNHOLE COMMINGLE       COMMENCE DRILLING OPNS         CLOSED-LOOP SYSTEM       COMMENCE DRILLING OPNS         OWNHOLE COMMINGLE       CLOSED-LOOP SYSTEM         I. Doscribe 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.         MIRU x NDWH x NUBOP. POOH 122 its x injection equipment.         RIH 5 1/2" test PKR @ 3950'. Test Csg 550psi, ok.         Test injection PKR 1200psi x leaked 10 0psi in 15mins.         Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi, ok.         RIH on/off too x PKR @ 3948' x 124 its tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.         Spud Date:       04/02/2018         I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       TITLE         Regulatory Specialist       DATE         O4/02/2018       E-mail address:         Aprin_Mood       E-mail address:	11. Elevatio	n (Show whether DR, RKB, RT, GR, etc.,		
NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CHANGE PLANS         CHANGE PLANS       CHANGE PLANS       COMMENCE DRILLING OPNS       PANDA         DOWNHOLE COMMINGLE       COMMENCE DRILLING OPNS       PANDA       COMMENCE DRILLING OPNS       PANDA         COMENCOP SYSTEM       OTHER:       OTHER:       COMMENCE ORNUMNCLE       COMMENCE ON SYSTEM       COMMENCE ON SYSTEM         OTHER:       OTHER:       OTHER:       OTHER:       COMMENCE Completion 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.         MIRU x NDWH x NUBOP. POOH 122 jts x injection equipment.       RH 51 /2" test PKR @ 3950'. Test Csg 550psi, ok.         Test injection PKR 1200psi x leaked 10 0psi in 15mins.       Reset PKR @ 3955'. Test Dg 1800psi, ok x pressure test Csg 600psi , ok.         RiH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.       NDBOP x NUWH.         Spud Date:       04/02/2018       Mire Multiple Complete to the best of my knowledge and belief.         Isignature       TITLE       Regulatory Specialist       DATE       04/24/2018         Type or print name       April Hood       E-mail address:       April_Hood@Oxy.com       PHON	367	3° KB		
PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       PAND A         DOWNHOLE COMMINGLE       OTHER:       COMMENCE DRILLING OPNS       PAND A         OTHER:       OTHER:       Image: Display to the second of the second of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         MIRU x NDWH x NUBOP. POOH 122 its x injection equipment.       RIH 5 1/2" test PKR @ 3950'. Test Csg 550psi, ok.         Test injection PKR 1200psi x leaked 10 0psi in 15mins.       Reset PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok.         Rile on/off too x PKR @ 3948' x 124 its tbg @ 3940'. Ran MIT - Chart Attached.       NDBOP x NUWH.         Spud Date:       04/02/2018       Rig Release Date:       04/06/2018         I hereby certify that the information above is true and complete to the best of my knowledge and belief.       SIGNATURE       DATE       04/24/2018         Type or print name       April Hood       E-mail address:       April_Hood@Oxy.com       PHONE:       713-386-5771         For State Use Only       Approver DBY:       TITLE       MOUTE       DATE       5/3/20208 <td>12. Check Appropriate</td> <td>Box to Indicate Nature of Notice,</td> <td>Report or Other Data</td>	12. Check Appropriate	Box to Indicate Nature of Notice,	Report or Other Data	
TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS       P AND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       P AND A         DOWNHOLE COMMINGLE       COLOP SYSTEM       OTHER:				
DOWNHOLE COMMINGLE       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.         MIRU x NDWH x NUBOP. POOH 122 jts x injection equipment.         RiH 5 1/2" test PKR @ 3950'. Test Csg 550psi, ok.         Test injection PKR 1200psi x leaked 10 Opsi in 15mins.         Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok.         RiH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.         Spud Date:       04/02/2018         Rig Release Date:       04/06/2018         Thereby certify that the information above is true and complete to the best of my knowledge and belief.       04/24/2018         Type or print name       April Hood       E-mail address:       April_Hood@Oxy.com       PHONE:       713-366-5771         For State Use Only       April_Hood       E-mail address:       April_Hood@Oxy.com       PHONE:       713-366-5771         For State Use Only       April_Hood       E-mail address:       April_Hood@Oxy.com       PHONE:       713-366-5771         For State Use Only       April_Hood       E-mail address:       April_Loud@Oxy.com       PHONE:       713-366-5771         F				
CLOSED-LOOP SYSTEM       OTHER:       OTHER:       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.         MIRU × NDWH × NUBOP. POOH 122 jts x injection equipment.       RIH 51/2" test PKR @ 3950'. Test Csg 550psi, ok.         Test injection PKR 1200psi x leaked 10 0psi in 15mins.       Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok.         RH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.       NDBOP x NUWH.         Spud Date:       04/02/2018       Rig Release Date:       04/06/2018         Thereby certify that the information above is true and complete to the best of my knowledge and belief.       SIGNATURE       DATE       04/24/2018         Type or print name       April Hood       E-mail address:       April_Hood@Oxy.com       PHONE;       713-366-5771         For State Use Only       Mark Difference       TITLE       April_Hood@Oxy.com       PHONE;       713-366-5771         For State Use Only       TITLE       April_Hood@Oxy.com       PHONE;       713-366-5771         For State Use Only       TITLE       April_Hood@Oxy.com       PHONE;       713-366-5771				
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.         MIRU x NDWH x NUBOP. POOH 122 jts x injection equipment.         RIH 5 1/2" test PKR @ 3950'. Test Csg 550psi, ok.         Test injection PKR 1200psi x leaked 10 0psi in 15mins.         Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok.         RIH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.         Spud Date:       04/02/2018         Rig Release Date:       04/06/2018         I hereby certify that the information above is true and complete to the best of my knowledge and belief.       DATE       04/24/2018         SIGNATURE       April Hood       E-mail address:       April_Hood@Oxy.com       PHONE: _713-366-5771         For State Use Only       APPROVED BY:       TITLE       AD/III       DATE       5/3/20078	CLOSED-LOOP SYSTEM			
proposed completion or recompletion. MIRU x NDWH x NUBOP. POOH 122 jts x injection equipment. RIH 5 1/2" test PKR @ 3950'. Test Csg 550psi, ok. Test injection PKR 1200psi x leaked 10 0psi in 15mins. Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok. RIH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached. NDBOP x NUWH. Spud Date: 04/02/2018 Rig Release Date: 04/06/2018 Thereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771 For State Use Only APPROVED BY: 1000 TITLE ADJIE DATE 5/3/20078	13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date			
RIH 5 1/2" test PKR @ 3950'. Test Csg 550psi, ok.         Test injection PKR 1200psi x leaked 10 0psi in 15mins.         Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok.         RIH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.         Spud Date:       04/02/2018         Rig Release Date:       04/06/2018         I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       TITLE         Regulatory Specialist       DATE         O4/24/2018         Type or print name       April Hood         For State Use Onty       E-mail address:         APPROVED BY:       Approved (if at y):				
Test injection PKR 1200psi x leaked 10 0psi in 15mins.         Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok.         RIH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.         Spud Date:       04/02/2018         Rig Release Date:       04/06/2018         I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       TITLE         Regulatory Specialist       DATE         O4/24/2018         Type or print name       April Hood         For State Use Only       E-mail address:         APPROVED BY:       TITLE         APPROVED BY:       TITLE	MIRU x NDWH x NUBOP. POOH 122 jts x injection equipment.			
Re-set PKR @ 3955'. Test Tbg 1800psi, ok x pressure test Csg 600psi , ok.         RIH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.         Spud Date:       04/02/2018         Rig Release Date:       04/06/2018         Thereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       TITLE         Regulatory Specialist       DATE         O4/24/2018         Type or print name       April Hood         E-mail address:       April_Hood@Oxy.com         PHONE:       713-366-5771         APPROVED BY:       TITLE         APPROVED BY:       TITLE         APPROVED BY:       TITLE				
RIH on/off too x PKR @ 3948' x 124 jts tbg @ 3940'. Ran MIT - Chart Attached.         NDBOP x NUWH.         Spud Date:       04/02/2018         Rig Release Date:       04/06/2018         I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       MM         TITLE       Regulatory Specialist         DATE       04/24/2018         Type or print name       April Hood         For State Use Only       Final address:         APPROVED BY:       MM         Approval (If at y):       TITLE				
Spud Date:       04/02/2018       Rig Release Date:       04/06/2018         I hereby certify that the information above is true and complete to the best of my knowledge and belief.       Image: Complete to the best of my knowledge and belief.         SIGNATURE       SIGNATURE       TITLE       Regulatory Specialist       DATE       04/24/2018         Type or print name       April Hood       E-mail address:       April_Hood@Oxy.com       PHONE:       713-366-5771         For State Use Only       May Abrown       TITLE       AO/III       DATE       5/3/2018         APPROVED BY:       May Abrown       TITLE       AO/III       DATE       5/3/2018				
Interest part.       Interest part.         I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       ITTLE         Regulatory Specialist       DATE         O4/24/2018         Type or print name       April Hood         E-mail address:       April_Hood@Oxy.com         PHONE:       713-366-5771         For State Use Only       Approved BY:         APPROVED BY:       DATE         Conditions of Approval (If any):	NDBOP x NUWH.			
Interest part.       Interest part.         I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       ITTLE         Regulatory Specialist       DATE         O4/24/2018         Type or print name       April Hood         E-mail address:       April_Hood@Oxy.com         PHONE:       713-366-5771         For State Use Only       Approved BY:         APPROVED BY:       DATE         Conditions of Approval (If any):				
Interest part.       Interest part.         I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       ITTLE         Regulatory Specialist       DATE         O4/24/2018         Type or print name       April Hood         E-mail address:       April_Hood@Oxy.com         PHONE:       713-366-5771         For State Use Only       TITLE         APPROVED BY:       DATE         Conditions of Approval (If any):				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.         SIGNATURE       TITLE       Regulatory Specialist       DATE       04/24/2018         Type or print name       April Hood       E-mail address:       April_Hood@Oxy.com       PHONE:       713-366-5771         For State Use Only       Approved BY:       Approved the second sec	Spud Date: 04/02/2018	Rig Release Date: 04/06/20	18	
SIGNATURE       TITLE       Regulatory Specialist       DATE       04/24/2018         Type or print name       April Hood       E-mail address:       April_Hood@Oxy.com       PHONE:       713-366-5771         For State Use Only       Approved BY:       Approved BY:       Approved (ff arty):       DATE       5/3/2018				
Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771 For State Use Only APPROVED BY: Address: April_Hood@Oxy.com DHONE: 713-366-5771 APPROVED BY: Address: Approval (if any):	I hereby certify that the information above is true a	nd complete to the best of my knowledg	e and belief.	
Type or print name April Hood E-mail address: April_Hood@Oxy.com PHONE: 713-366-5771 For State Use Only APPROVED BY: Address: April_Hood@Oxy.com DHONE: 713-366-5771 APPROVED BY: Address: Approval (if any):	April 158d			
For State Use Only     Approved BY:     Approved (if any):       APPROVED BY:     Approval (if any):	SIGNATURE	TITLE Regulatory Specialist	DATE 04/24/2018	
APPROVED BY: Advis Stown TITLE AO/II DATE 5/3/2018 Conditions of Approval (If ar )):		E-mail address: April_Hood@O	PHONE: 713-366-5771	
Conditions of Approval (If any):	Mal XKI ADIT ELEND			
RBOMS-CHART-V			DATE SICOLO	
REDMS-CHART-V	V		Γ	

