Submit 1 Copy To Appropriate District Office District II – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 1220 S. st. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REFORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO FULL OR TO DEEPEN OR PLUG BACK DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other: Injector 2. Name of Operator Occidental Permian Ltd. 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 4. Well Location	BION       WELL API NO. 30-025-43038         5. Indicate Type of Lease STATE STATE FEE         6. State Oil & Gas Lease No.         TO A         7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit         8. Well Number: 24-687         9. OGRID Number: 157984         10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
TEMPORARILY ABANDON 🔲 CHANGE PLANS 🔲 COMM	f Notice, Report or Other Data SUBSEQUENT REPORT OF: DIAL WORK
	а:
<ol> <li>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.</li> </ol>	
<ol> <li>POOH with existing injection equipment.</li> <li>Set a cement retainer 50' above top perf (top perf @ 4330).</li> <li>Squeeze off all perforations 4330'-4537'.</li> <li>DO cement and selectively re-perforate 4287'-4465'</li> <li>Acid treat perforations</li> </ol>	During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17
	Condition of Approval: notify
9. Turn well to injection 10.	OCD Hobbs office 24 hours
11. P <sup>**</sup>	or of Education, Edit Test & Chart
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Mile The TITLE Port. For. DATE 1/29/19	
Type or print nameRick Reeves E-mail address <u>rick_reeves@oxy.com_</u> PHONE: <u>713-215-7653</u> For State Use Only APPROVED BX: <u>Journal Security</u> TITLE <u>OmpliAnce Supervisor</u> DATE <u>2/4/2019</u> Conditions of Approval (if any):	