

Submit 1 Copy To Appropriate District  
Office

District I - (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 87602  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

**HOBBS OGD** State of New Mexico  
Energy, Minerals and Natural Resources

MAR 11 2019

RECEIVED

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised July 18, 2013

WELL API NO. 30-025-44828 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit ✓
8. Well Number 676 ✓
9. OGRID Number 1579 84 ✓
10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3668' GR

**SUNDRY NOTICES AND REPORTS ON WELLS**  
(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.)

1. Type of Well: Oil Well ☐ Gas Well ☐ Other Injector ☐

2. Name of Operator  
Occidental Permian Ltd. ✓

3. Address of Operator  
P.O. Box 4294 Houston, TX 77210

4. Well Location  
Unit Letter C : 345 feet from the N line and 1956 feet from the W line  
Section 25 Township 18S Range 37E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Initial Injection ☐

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.

First Injection 11/26/18 - 3600 BWPD - 1100 PSI

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 April Hood TITLE Regulatory Specialist DATE 01/28/19

Type or print name April Hood E-mail address: April\_Hood@nm.gov PHONE: 713-366-5771

**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 03/01/19

Conditions of Approval (if any):