

Submit 1 Copy To Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources

Form C-103 Revised July 18, 2013

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 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OGD

DEC 12 2018

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

WELL API NO. 30-025-44608
5. Indicate Type of Lease STATE [X] FEE []
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (GSA) Unit
8. Well Number 274
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3605' 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 E : 1772 feet from the N line and 1051 feet from the W line
Section 10 Township 19S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3605' GR

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 12/06/18 - 3000 BWPD - 595 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 12/10/18

Type or print name April Hood E-mail address: April_Hood@oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY [Signature] TITLE Compliance Supervisor DATE 12/19/18

Conditions of Approval (if any):