

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

State of New Mexico
 Energy, Minerals and Natural Resources

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

Form C-103
 Revised August 1, 2011

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.)		WELL API NO. 30-025-07523
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: INJECTOR		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No. 19552
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
4. Well Location Unit Letter <u>M</u> : <u>330</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>WEST</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		8. Well Number: 141
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3633' (KB)		9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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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. POOH with injection equipment
2. Isolate casing leak @ ~ 4000'
3. Set CIBP @ ~4050' cap it with 5' of cement to 4045'
4. RIH and set CICR at +/- 3900',
5. Cement Sqz leak qith ~ 100 sx of thixotropic cement blend following with 300 sx of class C cement w / 2% calcium chlorite
6. RIH with 4-3/4" bit and clean out to 4045, test sqz.
7. Continue Co to PBTD @ 4270' POOH with bit
8. RIH with injection equipment
9. Run MIT and place well back to services

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
 OCD Hobbs office 24 hours
 prior of running MIT 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 _____ TITLE Production Engineer DATE 12/10/2020

Type or print name Carlos Restrepo E-mail address carlos_restrepo@oxy.com PHONE: 713-366-5147

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 2/10/21

Conditions of Approval (if any):

Additional Data that would not fit on the form.

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CONDITIONS

Action 12907

CONDITIONS OF APPROVAL

Operator:	OCCIDENTAL PERMIAN LTD	P.O. Box 4294	Houston, TX772104294	OGRID:	157984	Action Number:	12907	Action Type:	C-103X
OCD Reviewer	Condition								
kfortner	Run Post workover MIT test								