

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

WELL API NO. 30-025-28348
5. Indicate Type of Lease STATE [] FEE [x]
6. State Oil & Gas Lease No. N/A
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 145
9. OGRID Number: 157984
10. Pool name or Wildcat: Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3606 (GL)

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 (WAG Injector)
2. Name of Operator Occidental Permian Ltd.
3. Address of Operator P.O. Box 4294, Houston, Tx 77210
4. Well Location (Surface) Unit Letter ___N___: ___577___ feet from the ___South___ line and ___1984___ feet from the ___West___ line
Section 3 Township 19S Range 38E NMPM Lea County

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [x] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []

OTHER: []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []

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.

- 1. POOH with Injection Equipment
2. Set CICR, Squeeze all perforations with thixotropic cement
3. Drill out cement
4. Perforate and acid stimulate
5. Run Injection Equipment

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 [Signature] TITLE Production Engineer DATE 9/15/2020

Type or print name Faris Al Ismaili E-mail address faris_al_ismaili@oxy.com PHONE: 832-973-0186

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer A DATE 11/4/20
Conditions of Approval (if any)