

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

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

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

WELL API NO. 30-025-07362
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs G/SA
8. Well Number 19-231
9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)

**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  **HOBBS OCD**

2. Name of Operator  
Occidental Permian Ltd. **JUL 23 2013**

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323 **RECEIVED**

4. Well Location  
 Unit Letter K : 2310 feet from the South line and 2310 feet from the West line  
 Section 19 Township 18S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3655' GL

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

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: Coiled Tubing Cleanout <input checked="" type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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) Rig up Coiling Tubing Unit with Perf Clean Tool
- 2) TIH to 4298'
- 3) Pull up with perf clean tool to 4150'
- 4) Run perf clean tool with water across perforations 4172-4266'
- 5) Close backside and repeat perf wash from 4172-4266' with 2500 gals 15% NEFE HCL
- 6) Pump 10 bbls gel sweep to bring fines to the surface
- 7) POOH with CT and RD Coil Tubing Unit
- 8) Return well to injection

*Per Operator*

**During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal, per OCD Rule 19.15.17.**

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to STARTING THE WORKOVER. Release

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE *[Signature]* TITLE Injection Well Analyst DATE 7-15-13

Type or print name Robbie Underhill E-mail address: Robert\_Underhill@oxy.com PHONE: 806-592-6287  
 For State Use Only

APPROVED BY: *[Signature]* TITLE Compliance Officer DATE 07-26-2013  
 Conditions of Approval (if any):

JUL 29 2013