

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

HOBBBS OIL
JUL 25 2013
RECEIVED

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. 30-025-29098 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> INJECTOR		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs G/SA ✓
4. Well Location Unit Letter <u>P</u> : <u>1260</u> feet from the <u>South</u> line and <u>200</u> feet from the <u>East</u> line Section <u>24</u> Township <u>18S</u> Range <u>37E</u> NMPM Lea County		8. Well Number 24-442 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3676' KB		9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)		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 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: Coiled Tubing Cleanout <input checked="" 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) Rig up Coiling Tubing Unit with Perf Clean Tool
- 2) TIH to 4361'
- 3) Pull up with perf clean tool to 4150'
- 4) Run perf clean tool with water across perforations 4212-4293'
- 5) Close backside and repeat perf wash from 4212-4293' 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.

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

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

SIGNATURE *Robbie Underhill* TITLE Injection Well Analyst DATE 7-23-13

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 Dist MGR DATE 7-29-2013

Conditions of Approval (if any):

JUL 29 2013