

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 87401
 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

HOBBS OCD
OCT 29 2013

WELL API NO. 30-025-07539
 5. Indicate Type of Lease
 STATE FEE
 6. State Oil & Gas Lease No.
 7. Lease Name or Unit Agreement Name
 North Hobbs G/SA
 8. Well Number
 32-341
 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 **INJECTOR**
 2. Name of Operator
 Occidental Permian Ltd.
 3. Address of Operator
 HCR 1 Box 90 Denver City, TX 79323
 4. Well Location
 Unit Letter O : 330 feet from the South line and 2310 feet from the East line
 Section 32 Township 18S Range 38E NMPM Lea County
 11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3636' KB

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

<p>NOTICE OF INTENTION TO:</p> <p>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"/></p> <p>OTHER: Coiled Tubing Cleanout <input checked="" type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>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"/></p> <p>OTHER: <input type="checkbox"/></p>
--	--

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 4202'
 - 3) Pull up with perf clean tool to 4050'
 - 4) Run perf clean tool with water across perforations 4092-4163'
 - 5) Close backside and repeat perf wash from 4092-4163' 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
- 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

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 Injection Well Analyst DATE 10-24-13

Type or print name Robbie Underhill E-mail address: Robert.Underhill@oxy.com PHONE: 806-592-6287

APPROVED BY [Signature] TITLE Dist. MGR DATE 10-30-2013
 Conditions of Approval (if any):
OCT 30 2013