Office State of N	py To Appropriate District State of New Mexico			Form C-103
<u>District 1</u> – (575) 393-6161 Energy, Minerals a	75) 393-6161 Energy, Minerals and Natural Resources		Revised August 1, 2011	
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283			WELL API NO. 30-025-29753	
811 S. First St., Artesia, NM 884 OBBS OCD OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE S FEE		
District IV – (505) 476-3460 NOV 1 2 2013 1220 S. St. Francis Dr., Santa Fe, NM		6. State Oil & Gas	s Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
			7. Lease Name or	Unit Agreement Name
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.)		South Hobbs G/SA	1	
1. Type of Well: Oil Well Gas Well Other Injector		8. Well Number		
2. Name of Operator			9. OGRID Number	er: 157984
Occidental Permian Ltd.			J. OOMED Manner	
3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)		
HCR 1 Box 90 Denver City, TX 79323				
4. Well Location				
Unit Letter E: 1398 feet from the North line and 1227 feet from the West line				
Section 4 Township 19S Range 38E NMPM Lea County				
11. Elevation (Show who	ether DR,	, RKB, RT, GR, etc.,		
3625 RDB				
12 (1 1 4)	1° , 37	CALL CNI ALL	D	D.4.
12. Check Appropriate Box to Ind	licate N	ature of Notice,	Report or Other.	Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WOR				
TEMPORARILY ABANDON		ILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING MULTIPLE COMPL		CASING/CEMENT	ΓJOB □	
DOWNHOLE COMMINGLE		}		
OTHER:		OTHER:		П
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 4293'.				
3) Run perf clean tool with water across perforations 4110-4230'.				
4) Close backside and repeat perf wash from 4110-4230' with 2500 gals 15% NEFE HCL				
5) Pump 10 bbls gel sweep to bring fines to the surface 6) POOH with CT and RD Coil Tubing Unit the closed-loop system with a steel				
7) Potum well to injection				
tank and hauf contents to the required				
	disp	oosal per ODC Rul	e 19.15.17	
Spud Date: Rig Re	elease Da	ite:		\neg
Aug Au	nouse Du			
<u>:</u> _				
I hereby certify that the information above is true and complete	to the be	est of my knowledge	and belief.	
				,
CICNIA TUDE				
SIGNATURE TITLE	_Injection	n Well AnalystL	DATE <u>806-592-628</u>	<u> </u>
Type or print name Robbie Underhill F-mail address: Ro	ohert Un	derhill@oxy.com	PHONE: 806-59	2-6287
Type or print name Robbie Underhill E-mail address: Robert Underhill@oxy.com PHONE: 806-592-6287 For State Use Only				
APPROVED BY: 1 Cafey Shown TITLE COMPliance of frew DATE 11/13/2013				
Conditions of Approval (if any)		y	ω	· / \(
•			B.1.C	N/ 78 A 2012
			NU)V 1 4 2013