Submit 1 Copy To Appropriate District Office State of Ne		Form C-103
District 1 – (575) 393-6161 Energy, Minerals and	d Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> = (575) 748-1283	LION DIMICIONI	30-025-07370
<u>District III</u> – (5/3) 740-1233 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178 OIL CONSERVA' 1220 South St		5. Indicate Type of Lease
1000 Rio Brazos Rd. Autos NIM 87410		STATE FEE 🛛
District IV = (505) 476-3460 Santa Fe, NM 1220 S. St. Francis Dr., Santa Fe, NM	NIVI 8/303	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON W (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN	OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-PROPOSALS.)		Section 19 8. Well Number 411
1. Type of Well: Oil Well Gas Well Other Injecto 2. Name of Operator	JAN - 3 2014	9. OGRID Number: 157984
Occidental Permian Ltd.	JMIN - W COIT	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	RECEIVED	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location	B/PAPIA PRO	
Unit Letter A: 1300 feet from the North line and 1300 feet from the East line		
Section 19 Township 18S Range 38E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3679 DF		
30/9 Dr		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
MPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
OTHER: Return to Injection	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.		
 Perform an H-5 test on the well RIH w/ bit and clean out to CIBP @3910' During this procedure we plan to use		
and the procedure we high to use		
4 PHL w/ 4 1/2 PPD and PT to 600 mile		ystem with a steel
tank and haul contents to the required		ntents to the required
6. Run CNL/GR/CCL from TD to 3350' disposal per ODC Rule 19.15.17 7. Design perforation job per log		
8. Acid treat per log		
9. RIH W/1 njecom equant		
10. Return to injection		
Spud Date: Rig Release Date:		
Nig Release Date.		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE TITLE Injection Well Analyst DATE 12-26-13		
Type or print name Robbie Underhill E-mail address: Robert Underhill@oxy.com PHONE: 806-592-6287 For State Use Only A		
Mal 24th 1		

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

CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.