Submit I Copy To Appropriate District Office State of New Mexico Office France Minorals and Natural Resources	Form C-103 Revised August 1, 2011
District I – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	30-025-26116
District III - (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☒
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 JAN 08 2016 anta Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	South Hobbs G/SA
PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other Injector	121
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984
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: 1450 feet from the North line and 15	
Section 4 Township 19S Range 11 Elevation (Show whether DR, RKB, RT, GR,	38E NMPM Lea County
3625 RDB	
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL V	VORK ☐ ALTERING CASING ☐
	DRILLING OPNS. P AND A
PULL OR ALTER CASING	MENT JOB []
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	e Completions: Attach wellbore diagram of
proposed completion or recompletion.	
1) Rig up Coiling Tubing Unit with Perf Clean Tool	
2) TIH to 4210'.3) Run perf clean tool with water across perforations 4056-4192'.	
4) Close backside and repeat perf wash from 4056-4192' 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	ng this procedure we plan to use
6) POOH with CT and RD Coil Tubing Unit 7) Return well to injection the	closed-loop system with a steel
tank	and haul contents to the required cosal per ODC Rule 19.15.17
disp	losal per Obe Male 23
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my know	ledge and belief.
Thereby county that the information accounts the first party of	J.
SIGNATURE TITLE Injection Well Analyst DATE 1-6-14	
Type or print name _Robbie Underhill E-mail address: <u>Robert_Underhil@oxy.com</u> PHONE: <u>806-592-6287</u> For State Use Only	
M.1 746.	
Conditions of Approval (if any):	

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