

FILE IN TRIPLICATE

DISTRICT I  
 1625 N. French Dr., Hobbs, NM 88240

DISTRICT II  
 1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III  
 1000 Rio Brazos Rd, Aztec, NM 87410

JAN 28 2014

**OIL CONSERVATION DIVISION**

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

RECEIVED

WELL API NO. 30-025-26115
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well No. 120
9. OGRID No. 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 I Box 90 Denver City, TX 79323

4. Well Location  
 Unit Letter C : 1272 Feet From The North Line and 1420 Feet From The West Line  
 Section 5 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3631 RDB

Pit or Below-grade Tank Application  or Closure   
 Pit Type \_\_\_\_\_ Depth of Ground Water \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
 Pit Liner Thickness \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Coiled tubing job</u> <input checked="" type="checkbox"/>	

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. RU coiled tubing unit.
2. RIH and clean out to 4270'. Pull up to 4242'. Ran perf clean tool and water wash perfs @4078-4242'.
3. Wash perfs from 4078-4242' w/2500 gal of 15% NEFE acid.
4. Pump 10 bbl gel sweep. Circulate clean w/12 bbl brine.
5. POOH and RD coiled tubing unit.
6. Return well to injection.

RU 01/16/2014  
 RD 01/16/2014

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or

closed according to NMOCD guidelines , a general permit  or an (attached) alternative OCD-approved plan

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 01/24/2014  
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only  
 APPROVED BY Mary S Brown TITLE Compliance Officer DATE JAN 29 2014  
 CONDITIONS OF APPROVAL IF ANY:

JAN 29 2014