

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

HOBBS OCD

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

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

JAN 28 2014

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>	WELL API NO. 30-025-26116
2. Name of Operator Occidental Permian Ltd.	5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>E</u> : <u>1450</u> Feet From The <u>North</u> Line and <u>150</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
	8. Well No. <u>121</u>
	9. OGRID No. <u>157984</u>
	10. Pool name or Wildcat <u>Hobbs (G/SA)</u>
11. Elevation (Show whether DF, RKB, RTGR, etc.) <u>3625' RDB</u>	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Coiled tubing unit</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 & clean out to 4210'. Pull up to 4192'. Ran perf clean tool and water wash perfs @4056-4192'.
3. Wash perfs from 4056-4192' 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 01/14/2014  
RD 01/14/2014

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 Melissa Brown TITLE Compliance Officer DATE 1/28/2014  
CONDITIONS OF APPROVAL IF ANY:

JAN 29 2014