Office State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	30-025-07599
District III – (505) 334-6178 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☒
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 FEB 1 48anta Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	o. State on & das Ecase No.
SUNDRY NOTICES AND ACCORTS 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.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number
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 H: 1980 feet from the North line and 660	
Section 4 Township 19S Range 381	
11. Elevation (Show whether DR, RKB, RT, GR, et 3617 DF	(c.)
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12. Check Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INTENTION TO:	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WO	
	RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	_
DOWNHOLE COMMINGLE	
OTHER: OTHER:	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple C proposed completion or recompletion.	
1) Rig up Coiling Tubing Unit with Perf Clean Tool	
2) 111110 1197.	
3) Run perf clean tool with water across perforations 4070-4197'.	E Mai
4) Close backside and repeat perf wash from 4070-4197' with 2500 gals 15% NEF	E HCL
5) Pump 10 bbls gel sweep to bring fines to the surface6) POOH with CT and RD Coil Tubing Unit	procedure we plan to use
the closed-	loop system with a steel
tank and ha	aul contents to the required
disposal pe	r ODC Rule 19.15.17
Spud Date: Rig Release Date:	···-
Ang Release Bate.	
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I hereby certify that the information above is true and complete to the best of my knowled	dge and belief.
SIGNATURE TITLE Injection Well Analyst	DATE 2.11.14
SIGNATORETTLE_injection wen Analyst	DATE 2-11-14
Type or print nameRobbie Underhill E-mail address:Robert_Underhill@oxy.c	omPHONE: <u>806-592-6287</u>
For State Use Only A A	
APPROVED BY: WORLD STORE (OUM A) O A MAA	Die 2/2n/2014
APPROVED BY: Maleus From TITLE Compleance Conditions of Approval (if any):	Office DATE 2/20/2014
APPROVED BY: Maker Stown TITLE Compleance Conditions of Approval (if any):	Office DATE 2/20/2014 FEB 20 2014