Submit I Copy To Appropriate District Office State of New Mexico District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Form C-103 Revised August 1, 2011
1025 W. Henen DI., 110003, WW 88240	WELL API NO.
District II – (575) 748-1283 811 S. First St., Artesia, NM 88210	30-025-07601
District III – (505) 334-6178	5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 <b>DECEIVED</b> Santa 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-LOI) FOR SUCH	South Habba C/SA
PROPOSALS.)	South Hobbs G/SA / 8. Well Number
1. Type of Well: Oil Well   Gas Well   Other Injector	43
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location	
Unit Letter K_: 2310 feet from the South line and 1650	_feet from theWestline
Section 4 Township 19S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3610 DF	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK	
TEMPORARILY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS. P AND A	
	JOB 🗌
OTHER: 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.	
1) Rig up Coiling Tubing Unit with Perf Clean Tool	
<ol> <li>TIH to 4190'.</li> <li>Run perf clean tool with water across perforations 4122-4180'.</li> </ol>	
4) Close backside and repeat perf wash from 4122-4180' with 2500 gals 15% NEFE HCL	
5) Pump 10 bbls gel sweep to bring fines to the surface	
<ul> <li>6) POOH with CT and RD Coil Tubing Unit</li> <li>7) Return well to injection</li> <li>Coil Tubing Unit</li> <li>During this procedure we plan to use</li> <li>the closed-loop system with a steel</li> </ul>	
	I contents to the required
	DDC Rule 19.15.17
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE	
Type or print nameRobbie Underhill E-mail address: <u>Robert_Underhill@oxy.com</u> PHONE: <u>806-592-6287</u>	
For State Use Only $A$ $A$ $A$ $A$ $A$ $A$ $A$	
APPROVED BY: Malure Snown title Compliance Office Date 2/20/2014	
Conditions of Approval (if any)	
FEB 20 2014	