Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103	
<u>District 1</u> – (575) 393-6161	Energy, Minerals and Natur	al Resources	Revis WELL API NO. /	sed August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178  1220 South St. Francis Dr.		30-025-07613		
		5. Indicate Type of Lease		
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 MAY District IV – (505) 476-3460  1220 South St. Francis Dr. Santa Fe, NM 87505		STATE F.  6. State Oil & Gas Lease N	EE 🛛	
1220 S. St. Francis Dr., Santa Fe, NM 87505		303	6. State Off & Gas Lease N	10.
SUNDRY NOT RESERVED 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			7. Lease Name or Unit Agr	reement Name
			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: 15798	4
3. Address of Operator			10. Pool name or Wildcat	Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 7932	3			
4. Well Location				
		e and660	_feet from theEastline	/
Section 5	Township 19S  11. Elevation (Show whether DR, 198)	Range 38E	NMPM Lea	County /
22.124	3620 DF			21 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
12. Check Ap	propriate Box to Indicate Na	nture of Notice,	Report or Other Data	
NOTICE OF INTE	ENTION TO:	SHR	SEQUENT REPORT (	OF:
	PLUG AND ABANDON	REMEDIAL WOR		NG CASING 🔲
	CHANGE PLANS	COMMENCE DRI		, <u> </u>
	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE		·		
OTHER:		OTHER:		
13. Describe proposed or complete of starting any proposed work proposed completion or recomplete.	). SEE RULE 19.15.7.14 NMAC.			
1) Rig up Coiling Tubing Unit w	ith Perf Clean Tool			
<ul><li>2) TIH to 4230'</li><li>3) Run perf clean tool with water</li></ul>	across perforations 4122-4230'.			
	f wash from 4122-4230' with 2500	0 gals 15% NEFE	HCL ·	
5) Pump 10 bbls gel sweep to bri		During this	procedure we plan to use	
<ul><li>6) POOH with CT and RD Coil 7</li><li>7) Return well to injection</li></ul>	ubing Unit	the closed-	loop system with a steel	
// retain wen to injection		tank and ha	aul contents to the require	d
		disposal pe	r ODC Rule 19.15.17	
			·····	
Spud Date:	Rig Release Dat	e:		
· .				
I hereby certify that the information about	ove is true and complete to the bes	st of my knowledg	e and belief.	
$\bigcap II$				
SIGNATURE KM	TITLE Injection	Well AnalystD	ATE 5/12/14	<u>-</u>
Type or print nameRobbie Underhil	E-mail address: Robert Un	derhill@oxy.com	PHONE: <u>805-592-6287</u>	
For State Use Only		1		, 1
APPROVED BY:	Drown TITLE DIS	t. Super	visou DATE 5/	13/2014
Conditions of Approval (if any):	_	1	N	2014
V			4 m	