Submit 1 Copy To Appropriate District Office State of New Mexico	Form C-103
District 1 – (575) 393-6161 Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240 <u>District II – (575) 748-1283</u>	WELL API NO. 30-025-37446
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 HOBBS OCD 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410	STATE FEE
District IV – (505) 476-3460 Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, N JUN 0 3 2014 87505	6. State Oil & Gas Lease No.
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 OF PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 19
PROPOSALS.) I. Type of Well: Oil Well Gas Well Other	8. Well Number 633
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 G: 2290 feet from the North line and 1410 feet from the East line	
Section 19 Township 18S Range 38I	E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3668' KB	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE	
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.	
proposed completion of recompletion.	
1) RU Coil Tbg Unit	
2) PIH w/ coil and tog 4485?	
3) Acid treat with 2500 gallons of HCl During this procedure we plan to use	
4) POOH w/Coil the closed-loop system with a steel 5) Return well to injection tank and haul contents to the required	
disposal per ODC Rule 19.15.17	
disposal per obe nate 2012012	
Spud Date: Rig Release Date:	
	11 1: 6
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE / TITLE Injection Well Analyst DATE 5/29/14	
Type or print name Robbie Underhill E-mail address: Robbie Underhill PHONE: 806-592-6287	
Type or print name Robbie Underhill E-mail address: Robbie Underhill PHONE: 806-592-6287 For State Use Only A A COORD	
$\mathcal{N}_{\mathcal{A}}$	
APPROVED BY: 1 CHULLINGUM TITLE DIGIT SUPERIOR DATE 6/6/2014	
Conditions of Approval (if any):	
v	(