Office	State of New Mexico		Form C-103	
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	ıral Resources	WELL ADING	Revised August 1, 2011
625 N. French Dr., Hobbs, NM 88240  District II – (575) 748-1283		WELL API NO. 30-025-27139		
811 S. First St., Artesia, NM 88210	OIL CONSERVATION	DIVISION	5. Indicate Type of Lease	
District III – (505) 334-6178	<u>sistrict III</u> – (505) 334-6178 1220 South St. Francis Dr.		STATE FEE	
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460  Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM	,		o. state on a di	as Lease IVO.
87505 SUNDRY NOTIC	CES AND REPORTS ON WELLS		7. Lease Name o	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 PROPOSALS.)			North Hobbs G/S	
1. Type of Well: Oil Well Gas Well Other HOBBS OCD			8. Well Number	'
			32-132	1,5700.4
2. Name of Operator Occidental Permian Ltd. SEP 0 5 2014		9. OGRID Number: 157984		
3. Address of Operator			10. Pool name or Wildcat Hobbs (G/SA)	
HCR 1 Box 90 Denver City, TX 793	323	· 🗪		
4. Well Location	RECEIVE	:D		
Unit Letter L : 140	00feet from the _South_ lir	ne and1300_	feet from theV	Westline •
Section 32 Township 18S Range 38E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
	3629' GL		* e' **	
	ppropriate Box to Indicate N	,	•	
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CA				:PORT OF: ALTERING CASING □
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI				P AND A
PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT				FANDA 🔲
DOWNHOLE COMMINGLE			11300	
Bowwiller committee				
OTHER: Coiled Tubing Cleanout ⊠		OTHER:		
13. Describe proposed or comple	eted operations. (Clearly state all			
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of				
proposed completion or reco	mpletion.			
		00 gals 15% NEFE	E HCI	
<ul><li>5) Close backside and repeat pe</li><li>6) Pump 10 bbls gel sweep to b</li></ul>		OU gais 1376 NEFE		
7) POOH with CT and RD Coil				edure we plan to use
8) Return well to injection	. •		-	system with a steel
				ontents to the required
	•		disposal per OD	C Rule 19.15.17
Spud Date:	Rig Release Da	ate:	· · · · · · · · · · · · · · · · · · ·	
		1		
I hereby certify that the information a	bove is true and complete to the b	est of my knowled	ge and belief.	
SIGNATURE	TITLE Injection	Well Analyst	DATE <u>9-4-</u>	.14
SIGNATURE	TTTEL_Injection	Well Fillaryst	DATL	
Type or print name _Robbie Underhil	II E-mail address: Robert_I	Underhill@oxy.cor	mPHONE: <u>806-</u>	592-6287
For State Use Only		•		/ /
ADDROVED DV.	TITLE	Petroleum Engir	leer	ATE 09/05/14
APPROVED BY: Conditions of Approval (if any):	IIILE		DP	11111
Commission of Experience and Mills (			SEP I	<b>0 8</b> 2014