

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised August 1, 2011

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-37266
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit Section 24
8. Well Number 243
9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)

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 FOR PERMIT" (FORM C-101) FOR PROPOSALS.)

1. Type of Well: Oil Well Gas Well Other Injector

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
2611 State Hwy 214 Denver City, TX 79323

4. Well Location
 Unit Letter F : 1660 feet from the North line and 2106 feet from the West line
 Section 24 4 Township 19 N Range 38 E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3629' KB

HOBBSOCD
 JAN 20 2015
 RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/> <u>Convert to Production</u> 2 YEAR T/A	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
---	---

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) POOH with prod equipment
- 2) Clean out to 4301'
- 3) RIH w/ 5 1/2" CIBP and set @4025' cap w/ 35' cmt
- 4) PT to 500 psig
- 5) Install TA wellhead
- 6) Well is TA'd

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

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 Steve Snead TITLE Lift Specialist DATE 1/15/2015

Type or print name Steve Snead E-mail address steve_snead@oxy.com PHONE: 806-592-6312

For State Use Only
 APPROVED BY: Mary Brown TITLE Dist. Supervisor DATE 1/21/2015
 JAN 21 2015