

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 July 18, 2013

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

WELL API NO. 30-025-07422
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit Section 28
8. Well Number 111
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (GSA)

**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 SUCH PROPOSALS.)

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

2. Name of Operator  
Occidental Permian Ltd.

3. Address of Operator  
P.O. Box 4294 Houston, TX 77210

4. Well Location  
Unit Letter D : 990 feet from the North line and 330 feet from the West line  
Section 28 Township 18S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3644' GL

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

<b>E-PERMITTING &lt;SWD INJECTION&gt;</b> F CONVERSION <u>MB</u> T RETURN TO <u>TA</u> F CSNG <u>ENVIRO</u> CHG LOC C INT TO PA <u>P&amp;A NR</u> P&A R OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input checked="" 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"/>
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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.

MIPU x RU Equipment. ND WH x NU BOP. Drilled cmt and DV tool from 3919 - 4692. RUWL x ran CBL 4692' to surface x RDWL. Shot 486 holes from 4640 - 4372 x set pkr @ 4296'. RIH on/off tool x 133 jts tubing. ND BOP x NU injection tree. Pressure tested well. RD X MO location. Chart is attached.

Spud Date: 08/10/15 (RUPU)

Rig Release Date: 08/17/15 (RDPU)

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE April Hood TITLE Regulatory Coordinator DATE 10/19/15

Type or print name April Hood E-mail address: April\_Hood@oxy.com PHONE: 713-366-5771

For State Use Only

APPROVED BY: Mailey Brown TITLE Dist Supervisor DATE 10/27/2015

Conditions of Approval (if any):

OCT 27 2015

pm



