Office	State of New Me		Form (
District I - (575) 393-6161	Energy, Minerals and Natu	ıral Resources	Revised August	1, 2011
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210			30-025-05542	
District III - (505) 334-6178	334-6178 1220 South St. Francis Dr.		5. Indicate Type of Lease STATE FEE □	
1000 Rio Brazos Rd., Aztec, NM 87410	ztec, NM 87410 Santa Fe NM 87505		6. State Oil & Gas Lease No.	
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	54114 1 5, 1 111 5	, , , ,	o. State Off & Gas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement N	lame
(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/SA) Unit	
1. Type of Well: Oil Well	Gas Well Other Injector	HOBBS OCD	8. Well Number 211	
2. Name of Operator			9. OGRID Number: 157984	
Occidental Permian Ltd.	:01	CT 2 9 2015	10. D. I	10.43
3. Address of Operator HCR 1 Box 90 Denver City, TX 79			10. Pool name or Wildcat Hobbs (G	(SA)
		ECEIVED		
4. Well Location			fact from the West line	
			_feet from theWestline	
Section 36	Township 18S 11. Elevation (Show whether DR			unty
	3679' (GL)	, KKB, KI, GK, elc.		
CONTRACTOR OF THE PARTY OF THE	3017 (GE)			
12 Check A	Appropriate Box to Indicate N	lature of Notice	Report or Other Data	
12. Check i	ippropriate Box to maleute 1		•	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK				IG 🗆
TEMPORARILY ABANDON			Control of the Contro	
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE				
OTHER: Return to Injection ☑		OTHER:		
	leted operations. (Clearly state all	pertinent details, an	d give pertinent dates, including estima	ted date
	ork). SEE RULE 19.15.7.14 NMAG		mpletions: Attach wellbore diagram of	
1) MIRU PU – Pressure test cs	3g			
2) Clean out well to TD		During this	procedure we plan to use	
3) Deepen to 4500' Acidize OH w/ 6000 gallon	s 15% PAD + 3000 gals Guidan	the closed	-loop system with a steel	
4) Acidize OH w/ 6000 gallons 15% PAD + 3000 gals Guidon 5) RIH with inj. BHA tank and haul contents to the required				
6) Run H-5	er ODC Rule 19.15.17			
7) Return well to injection				
Spud Date:	Rig Release Da	ate:		
-				
				415
I hereby certify that the information	above is true and complete to the be	est of my knowledg	e and belief.	
\bigcirc \bigcirc \bigcirc				
SIGNATURE KALL	TITLE Injection	n Well Analyst D	ATE 10-20-15	
1				
Type or print name _Robbie Underhi	ill E-mail address: Robert U	Inderhill@oxy.com	PHONE: 806-592-6287	
For State Use Only				
ADDROVED THE	Dot-	roleum Enginee	DATE 11/04/1	-
APPROVED BY:	TITLE FEB	Olomii Ciigiiloo	DATE ///09//	7
Conditions of Approval (if any):				