Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103	
District I – (575) 393-6161 Energy, Minerals and Natural Resources		Revised August 1, 2011 WELL API NO.		
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		30-025-37558		
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION			5. Indicate Type of Lease	
District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		_	FEE 🖂	
District IV – (505) 476-3460 Santa Fe, NM 8/505		6. State Oil & Gas Lease	No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
SUNDRY NOTICE (DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICAT	S AND REPORTS ON WELLS S TO DRILL OR TO DEEPEN OR PL ION FOR PERMIT" (FORM C-101) FO	UG BAC HOBBS OC OR SUCH		greement Name
PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☒ Other: Injector			5 8. Well Number: 29-712	/
2. Name of Operator			9. OGRID Number: 157984	
Occidental Permian Ltd.	10. De al Wildest	H-LL- (C/CA)		
3. Address of Operator HCR 1 Box 90 Denver City, TX 7932.	3	RECEIVED	10. Pool name or Wildcat	Hobbs (G/SA)
4. Well Location	,			
Unit Letter E: 2378	feet from the North lin	ne and 1066	feet from the West	line
Unit Letter E : 2378 feet from the North line and 1066 feet from the West line Section 29 Township 18S Range 38E NMPM Lea County				
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3677.0' (KB)				
12. Check App	propriate Box to Indicate N	lature of Notice,	Report or Other Data	
TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WORI COMMENCE DRI CASING/CEMENT	LLING OPNS. P AND	NG CASING
OTHER:		OTHER:		
 Describe proposed or complete of starting any proposed work) proposed completion or recom 	. SEE RULE 19.15.7.14 NMAG	pertinent details, and C. For Multiple Cor	npletions: Attach wellbore	diagram of
1. POOH with injection equipment During this			procedure we plan to	use
2. Re-perforate injection interval/add new perfs 4148'-4300' and acidize all perforations. the closed-			loop system with a steel	
3. RIH with injection equipment tank and he			aul contents to the requ	uired
4. Turn well to injection disposal pe			r ODC Rule 19.15.17	
5.				
6. 7.				
8.				
S. I.D. I.	Pia Palassa D			
Spud Date:	Rig Release Da	ate:		
I hereby certify that the information abo	ove is true and complete to the b	est of my knowledge	e and belief.	
SIGNATURE KUM	TITLE_Injection	n Well Analyst	DATE10-22-15	
Type or print name Robbie Underhill E-mail address Robert Underhill@oxy.com PHONE: 806-592-6287				
For State Use Only				
APPROVED BY:	TITLE Pe	troleum Enginee	T DATE	1/100/16
Conditions of Approval (it any):	IIILE		DATE	10100