Submit 1 Copy To Appropriate District	State of New Mexico		Form C-103
Office District I – (575) 393-6161	Energy, Minerals and Natural Resources		Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	625 N. French Dr., Hobbs, NM 88240		WELL API NO.
811 S. First St., Artesia, NM 88210	Strict II – (575) 748-1283 LS. First St. Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-25127 -
District III - (505) 334-6178	1220 South St. Francis Dr.		STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM			
87505 SUNDRY NOT	TICES AND REPORTS ON WEI	LS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO			South Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPL	ICATION FOR PERMIT" (FORM C-10	I) FOR SUCH	
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other: injector	HOBBS OCD	8. Well Number: 112
2. Name of Operator			9. OGRID Number: 157984
Occidental Permian Ltd.	/	DEC 11 2015	
3. Address of Operator			10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 7	9323	TECEWED	_
4. Well Location			
Unit Letter M: 585 feet from the South line and 710 feet from the West line			
Section 3 Township 19S Range 38E NMPM Lea County			
11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	3612' DF		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐			
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐			
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐ CASING/CEMENT JOB ☐			
DOWNHOLE COMMINGLE			
07.175		0.71150	
OTHER:	pleted operations (Clearly state	OTHER:	d give pertinent dates, including estimated date
 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	San 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1. MIRU PU			
2. POOH w/ injection Equipment 3. Set CIPP @ 3930' and can with 35' of CMT. During this procedure we plan to			g this procedure we plan to use
3. Set CIBP @ 3930' and cap with 35' of CMT 4. Install TA wellhead the cl			osed-loop system with a steel
4. Install TA wellhead 5. RDMO PU tank and ha			and haul contents to the required
J. REMOTE		tank	sal per ODC Rule 19.15.17
		aispo	sal per ODC Rule 13:13:17
Spud Date:	Rig Release	Date:	
			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
$\bigcap_{i=1}^{n}$			
SIGNATURE TITLE Injection Well Analyst DATE 12/8/15			
5151411614			
Type or print nameRobbie Underhill E-mail address Robert Underhill@oxy.com PHONE: 806-+592-6287			
For State Use Only			
APPROVED BY: Self Somand TITLE Staff Managor DATE 12/16/15			
APPROVED BY: Olf Denand TITLE Staff Manager DATE 16/16/15			
Conditions of Approval (if any):			