Submit I Copy To Appropriate District State of New Mexico	Form C-103
Office HOBB Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	I WELL API NU.
District II (575) 748 1282	30-025-43078
Bill S. First St., Artesia, NM 88210 MAR 2 9 20 CONSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr.	
1000 Rio Brazos Rd Aztec NM 87410	STATE FEE
District IV - (505) 476-3460 RECEIVED Santa Fe, NM 87505 1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	8. Well Number 24-659
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984
3. Address of Operator	10. Pool name or Wildcat: Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323	
4. Well Location	
Unit LetterB_:44feet from the _North line and1699feet from theEastline	
Section 24 Township 18S Range	37E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3674.4' (GL)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
12. Check Appropriate Box to indicate Mature of Monee, Report of 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       I	
PULL OR ALTER CASING     MULTIPLE COMPL     CASING/CEMENT JOB       DOWNHOLE COMMINGLE     Image: Complement of the second se	
OTHER: Initial Completion OTHER:	
<ol> <li>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.</li> </ol>	
<ol> <li>Drill Out DV tool to Float Collar</li> <li>RU wireline &amp; run CNL/GR/CBL/CCL per prog</li> <li>During this procedure we plan to use</li> </ol>	
2) RU wireline & run CNL/GR/CBL/CCL per progDuring this procedure we plan to use3) Perforate and acid treat in San Andres formationthe closed-loop system with a steel	
<ul> <li>4) RIH w/ injection equipment</li> <li>5) Turn well to injection</li> </ul>	
5) Turn well to injection tank a	and haur concents to the required
dispo	sal per ODC Rule 19.15.17
Condition of Approval: notify	
prior of running MIT Test & Chart	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
and A Co	
SIGNATURE TITLE Production Engineer DATE 3/29/2016	
Type or print name Jacob S. Cox E-mail address: Jacob Cox@oxy.com PHONE: 713-497-2053	
For State Use Only	
Walnu ADINA Dist Supervision 2120/2011	
APPROVED BY: 1 ULU STOUM TIPLE SUCL SUCCUS OF DATE STCT/CONG	
Conditions of Approval (if any):	

MAR 2 9 2016 MB