Submit 1 Copy To Appropriate District How State of New Mexico Office District I = (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 SEP District II = (575) 748-1283 SEP 811 S. First St., Artesia, NM 88210 SEP District III = (505) 334-6178 Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 8740 How Sector District III = (505) 476-3460 How Sector 1220 S. St. Francis Dr., Santa Fe, NM Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS Santa Fe, NM 87505 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) I. Type of Well: Oil Well Gas Well Other: Injector 2. Name of Operator Occidental Permian Ltd. 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 4. Well Location Unit Letter A:	3. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit 8. Well Number: 213 9. OGRID Number: 157984 10. Pool name or Wildcat Hobbs (G/SA)
Section 5 Township 19S Range	38E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT,	
3623' KB	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
TEMPORARILY ABANDON CHANGE PLANS COMME	SUBSEQUENT REPORT OF: AL WORK ALTERING CASING ANCE DRILLING OPNS. P AND A C /CEMENT JOB
OTHER: OTHER:	
 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. MIRU Pulling Unit POOH with injection assembly Set CIBP above current open pay to shutoff injection (top perf@ 4078') Selectively perforate interval 4010'-4050' RIH with injection equipment Return well to injection. MIRU Pullit to injection. 	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE <u>Hold Marchine</u> TITLE <u>hold, Surguer</u> DATE <u>9-1-16</u> Type or print name <u>Rick Reeves</u> <u>E-mail address rick reeves@oxy.com</u> PHONE: <u>713-215-7653</u> For State Use Only A	
APPROVED BY: Maley How Title Dist Supervise DATE 9/15/2016 Conditions of Approval (if any):	

MB