

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources  
**HOBBS OGD**  
**FEB 28 2017**  
**RECEIVED**  
 OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-103  
 Revised August 1, 2011

WELL API NO. 30-025-28307
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit COOP
8. Well Number 4
9. OGRID Number: 157984
10. Pool name or Wildcat: Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3626.2' (GL)

**SUNDRY NOTICES AND REPORTS ON WELLS**  
 (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.)

1. Type of Well: Oil Well  Gas Well  Other: Injector - CO2/Water

2. Name of Operator  
Occidental Permian Ltd.

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location (Surface)  
 Unit Letter A: 494 feet from the North line and 1025 feet from the East line  
 Section 4 Township 19S Range 38E NMPM Lea County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input checked="" type="checkbox"/> Injector Conformance		OTHER: <input type="checkbox"/>	

13. 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) MIRU PU. ND Wellhead. NU BOP.
- 2) Isolate leak in casing
- 3) Prepare wellbore to squeeze leak. Propose 2000 sx Class C cement
- 4) D/O and test squeeze.
- 5) PB -25' of OH section of wellbore w/ cement plug
- 6) RIH w/ injection equipment and set top packer at ±4035'
- 7) Circulate packer fluid and perform MIT
- 8) ND BOP. NU Wellhead.

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

*C.O.A. - PROVIDE POSTWORKOVER W.B.D.*

Condition of Approval: notify

Spud Date:

Rig Release Date:

**OCD Hobbs office 24 hours 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.

SIGNATURE Jacob A Cox TITLE Production Engineer DATE 02/15/2017

Type or print name Jacob S. Cox E-mail address: Jacob.Cox@oxy.com PHONE: 713-497-2053  
 For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 2/28/2017  
 Conditions of Approval (if any):

*MB*