

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**  
**OIL CONSERVATION DIVISION**  
 APR 11 2017  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
**RECEIVED**

Form C-103  
 Revised August 1, 2011

|   |
|---|
| WELL API NO.<br>30-025-43039  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit<br>Section 24                       |
| 8. Well Number: 669   |
| 9. OGRID Number: 157984   |
| 10. Pool name or Wildcat Hobbs (G/SA)   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3685.6' KB                                    |

**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

2. Name of Operator  
Occidental Permian Ltd.

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

4. Well Location  
 Unit Letter H : 2134 feet from the North line and 585 feet from the East line  
 Section 24 Township 18S Range 37E 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 checked="" 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 type="checkbox"/>                           |   | 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.

- MIRU Pulling Unit
- POOH with existing injection assembly
- RIH to set a CIBP above Zone J at approx. 4523'. Intent is to isolate thief zone 4527'-4596' and improve injection profile.
- RIH with same injection assembly w/ redressed packer.
- Return well to injection.
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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.  
 Submit Wellbore Diagram  
 with Subsequent C-103*

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 *Rick Reeves* TITLE: Production Engineer DATE 4/7/17

Type or print name Rick Reeves E-mail address rick\_reeves@oxy.com PHONE: 713-215-7653

**For State Use Only**  
 APPROVED BY: *Maley Brown* TITLE AO/II DATE 4/12/2017  
 Conditions of Approval (if any):