Submit I Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resou	rces Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 8824 District II - (575) 748-1283	OBBS OCD	WELL API NO. 30-025-05463
011 C Fi-+ C+ A-+ ND 4 00010	OIL CONSERVATION DIVISI	5. Indicate Type of Lease
District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	MAY 0 3 201220 South St. Francis Dr. Santa Fe, NM 87505	STATE S FEE
DISTRICT - (202) 470-2400	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	RECEIVED	
SUNDRY NO	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPI	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK T LICATION FOR PERMIT" (FORM C-101) FOR SUCH	O A North Hobbs (G/SA) Unit
PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other: Injector		8. Well Number: 23-321
2. Name of Operator		9. OGRID Number: 157984
Occidental Permian Ltd.  3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX	79323	10. Foot hathe of whiceat Hoods (G/SA)
4. Well Location		
Unit Letter G: 1650 feet from the North line and 1650 feet from the East line		
Section 23	Township 18S Range	
3688' KB		
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 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILL		IAL WORK ALTERING CASING ALTERING ALTERING CASING ALTERING ALTERING CASING ALTERING CASING ALTERING ALTERING ALTERING CASING ALTERING ALTER
PULL OR ALTER CASING		/CEMENT JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	
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.		
proposed completion of recompletion.		
1. MIRU PU to diagnose and rep	pair source of high casing pressure	
2. Kill well and test backside cas		During this procedure we plan to use
5. Locate source of high casing pressure.		the closed-loop system with a steel
4. Pull and replace/repair equipment as required. the Cl 5. Perform MIT tank:		tank and haul contents to the required
5. Perform MIT tank a		tank and had contents to the require
		disposal per ODC Rule 19.15.17
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
I hereby certify that the information above is true and complete to the best of my knowledge and benefit		
11-11-		
SIGNATURE TITLE Production Engineer DATE 5/3/17		
Type or print name Rick Reeves E-mail address_rick_reeves@oxy.com PHONE: 713-215-7653		
Type or print name _Rick Reeves E-mail address _rick _reeves@oxv.com PHONE: 713-215-7653		
10 TT = 11 2017		
APPROVED BY: / CALLY AND PITLE AD II DATE 3/4/2011		
Conditions of Approval (if any):		
	()	•••

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart