

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

Form C-103  
 Revised August 1, 2011

OIL CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-37451
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator HCR I Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs G/SA
4. Well Location Unit Letter <u>C</u> : <u>288</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>West</u> line Section <u>29</u> Township <u>18S</u> Range <u>38E</u> NMPM Lea County		8. Well Number 29-711
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660' KB		9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)		

**HOBBS OCD**  
 MAY 15 2017  
**RECEIVED**

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

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

- 1) MIRU PU ND WH - NU BOP
- 2) Unset injection packer, POOH with tubing and packer
- 3) RIH with a 4-3/4" bit, CO to PBTB (4402')
- 4) POOH w/ bit
- 5) RU WL and perf follwong intervals: 4236' to 4248' (new perf, 4-jspf), 4258' to 4272', 4276' to 4280', 4287' to 4293', 4300' to 4303', 4310' to 4321', 4328' to 4331', 4341' to 4345', 4351' to 4353' (3-jspf)
- 6) RD MO WL
- 7) RIH w/ PPI tool and acid treat perf with 3000 gals of 15% HCL FEAS2
- 8) POOH w/ PPI tool
- 9) Run injection equipment back in the hole
- 10) Run MIT.
- 11) Return well to injection

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

**Condition of Approval: notify  
 OCD Hobbs office 24 hours  
 prior of [unclear] MIT Test & Chart**

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  TITLE Production Engineer DATE 05-15-2017

Type or print name Carlos Restrepo E-mail address carlos\_restrepo@oxy.com PHONE: 713-366-5147  
 For State Use Only

APPROVED BY: Mary L Brown TITLE AO/II DATE 5/15/2017  
 Conditions of Approval (if any):