

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
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

AUG 10 2017
 RECEIVED

WELL API NO. 30-025-28343
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well Number 140
9. OGRID Number: 157984
10. Pool name or Wildcat: Hobbs (G/SA)

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
P.O. Box 4294, Houston, Tx 77210

4. Well Location (Surface)
 Unit Letter L : 1485 feet from the South line and 1245 feet from the West line
 Section 4 Township 19S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3605' (GR)

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input checked="" type="checkbox"/> MIT Failure</p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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) Diagnose cause for MIT Failure
- 3) POOH w/ injection string
- 4) If necessary, RIH w/ packer to test injection packer for leak
- 5) Treat wellbore for conditions found
- 6) POOH with injection packer
- 7) Trip bit to TD and circulate clean
- 8) RIH w/ Injection Packer rated for CO2
- 9) RIH w/ 2-7/8" duoline tubing
- 10) Circulate packer fluid and perform MIT
- 11) ND BOP. NU Wellhead.
- 12) RDMO PU. Put well onto 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 running 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 Jacob A Cox TITLE Production Engineer DATE 08/09/2017

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

APPROVED BY: Mary Brown TITLE AO/II DATE 8/10/2017

Conditions of Approval (if any):