

Submit 1 Copy To Appropriate District Office

District I - (505) 898-6061
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Aztec, NM 88210
District III - (505) 334-6774
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD
SEP 21 2017
RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised July 18, 2013

WELL API NO. 30-025-43605
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (GSA) Unit
8. Well Number 666
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (GSA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3675' GR

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
Unit Letter C : 817 feet from the North line and 1853 feet from the West line
Section 24 Township 18S Range 37E NMPM Lea County

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion MIT Chart <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.

201
06/19/2017 - Chart Ran for Injection to begin - Chart attached

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 April Hood TITLE Regulatory Specialist DATE 09/11/17

Type or print name April Hood E-mail address: April_Hood@oxy.com PHONE: 713-366-5771

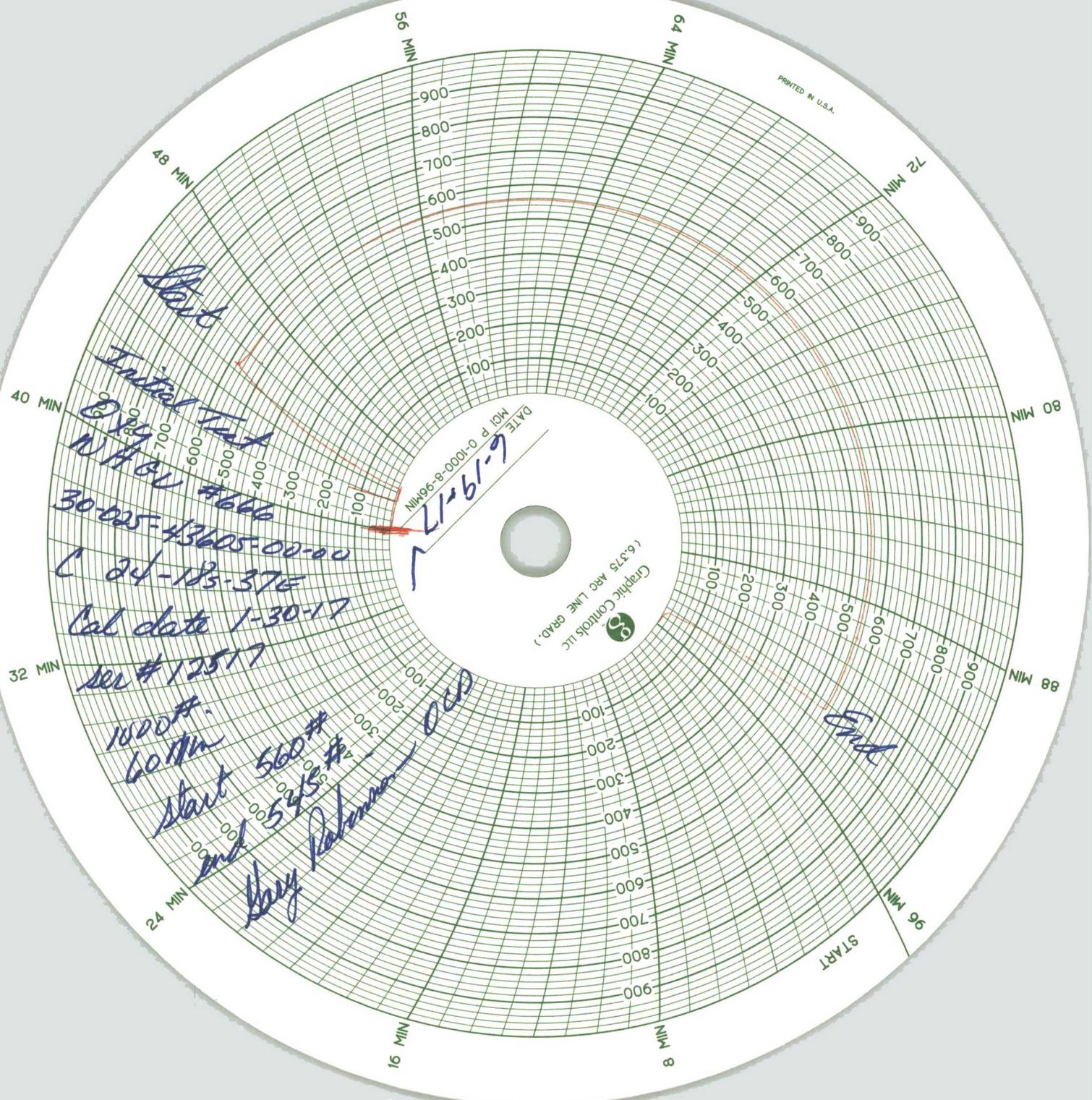
For State Use Only

APPROVED BY: Mary Brown TITLE AO/II DATE 9/27/2017

Conditions of Approval (if any):

RBDMS- CHART ✓

PRINTED IN U.S.A.



DATE MCI P 0-1000-8-0696
 6-19-17

Graphic Controls LLC
 (6.375 Arc Line Grad.)

Start

Initial Test

0184

W/H OL #666

30-025-43605-00-00

C 24-183-37E

Cal date 1-30-17

ser # 12517

1000#

60 min

start

and

560#

545#

Bary Robinson OVP

End

48 MIN

56 MIN

64 MIN

72 MIN

80 MIN

88 MIN

96 MIN

40 MIN

32 MIN

24 MIN

96 MIN

8 MIN

97 ART