Submit 1 Copy To Appropriate District Office District I – (575) 393-6161 1625 N. French Dr., Hobbs, NM BTOBBS OF CONSERVATION DIVISION District III – (575) 748-1283 811 S. First St., Artesia, NM 88210 District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8 WOV 2 1 2017 District IV – (505) 476-3460 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 8 WOV 2 1 2017 District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NECEIVED 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 S Gas Well Other: Injector	Form C-103 Revised August 1, 2011 WELL API NO. 30-025-43579 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit MoeTH 8. Well Number: 24-678
2. Name of Operator Occidental Permian Ltd. 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 4. Well Location Unit Letter L : 2135 feet from the South line and 1289	 9. OGRID Number: 157984 10. Pool name or Wildcat Hobbs (G/SA) feet from the West line
Section 24 Township 18S Range 37E NMPM Lea County 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3672' (GL) 3672' (GL) 12. 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
	SEQUENT REPORT OF:
OTHER: Initial Completion OTHER: OTHE	
 MIRU PU. RIH and remove RBP left in casing by drilling rig above open hole section. Run Open Hole porosity log from TD to surface. Set CIBP w/35' of cement @ approx. 4550' TVD (MD depth to be determined from logs and inclination survey) to isolate open hole section. Run CBL 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 	
 RIH with injection equipment and perform MIT. RDMO PU. 	in 4100' TVD and Base of Unit @ 4500' lition of Approval: notify D Hobbs office 24 hours f 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 <u>Mul decomposition</u> TITLE Prod. Eng. DATE <u>11/13/17</u>	
Type or print nameRick Reeves E-mail address <u>rick reeves@oxy.com</u> PHONE: <u>713-215-7653</u> <u>For State Use Only</u> APPROVED BY:	