

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 87401
 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 July 18, 2013

HOBBS OCD
OIL CONSERVATION DIVISION

DEC 19 2017

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

RECEIVED Record Clean-Up

WELL API NO. 30-025-43579
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 (G/SA) Unit
8. Well Number 678
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3675'

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
PO Box 4294 Houston, TX 77210

4. Well Location
Unit Letter L : 2135 feet from the S line and 1289 feet from the W line
Section 24 Township 18S Range 37E NMPM County Lea

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: RECLASS TO INJECTOR <input 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.

This is a notice of intent to reclass well from producer to injector. ✓
 Injection order covering unit on Order No. R-6199 (Case No. 15103).

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 12/19/17

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

For State Use Only
 APPROVED BY: Maley Brown TITLE AO/II DATE 12/19/2017
 Conditions of Approval (if any):

District I
 1625 N. Fourth St., Santa Fe, NM 87505
 Phone: (505) 393-6161 Fax: (505) 769-9729
 District II
 811 S. First St., Santa Fe, NM 87501
 Phone: (505) 768-1200 Fax: (505) 768-9729
 District III
 1200 San Marcos Road, Santa Fe, NM 87505
 Phone: (505) 334-6170 Fax: (505) 334-6170
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505
 Phone: (505) 476-3400 Fax: (505) 476-3402

HOBBS OCD State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-102
 Revised August 1, 2011
 Submit one copy to appropriate
 District Office

DEC 19 2017

RECEIVED

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name
Property Code	Property Name NORTH HOBBS G/SA UNIT	
OGRID No.	Operator Name OCCIDENTAL PERMIAN LTD.	
	Well Number 678	Elevation 3672.9'

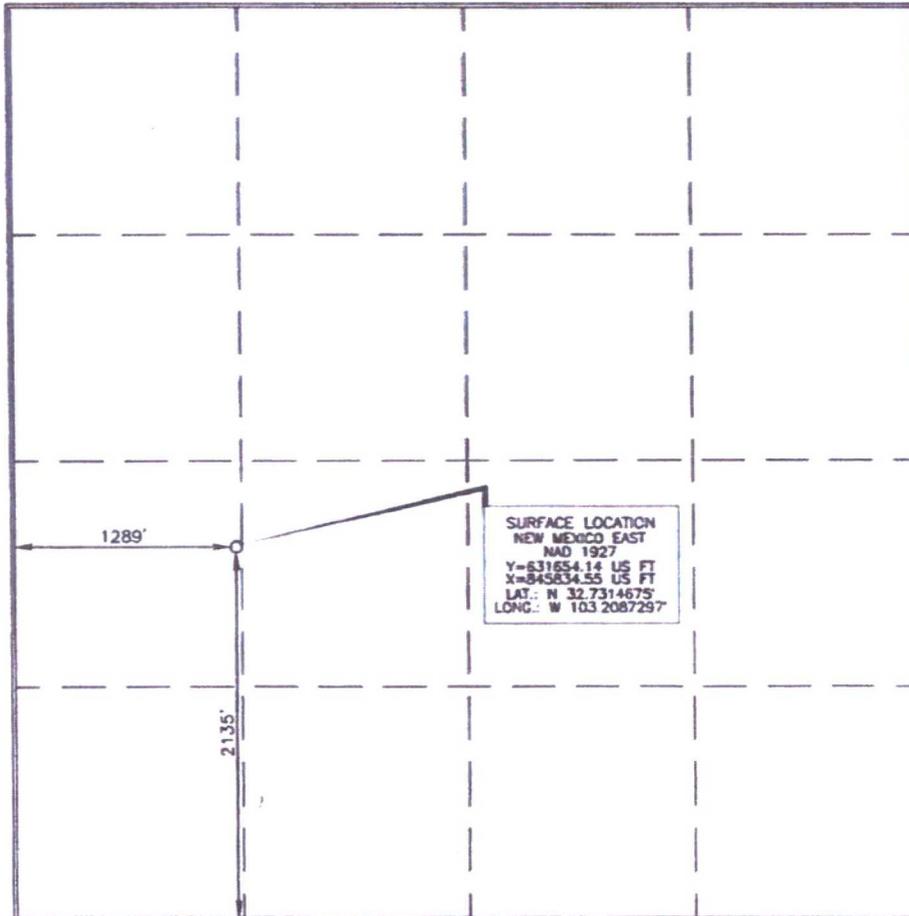
Surface Location

U/L or lot no.	Section	Township	Range	Lot Ids	Feet from the	North-South line	Feet from the	East-West line	County
L	24	16 SOUTH	37 EAST, N.M.P.M.		2135'	SOUTH	1289'	WEST	LEA

Bottom Hole Location If Different From Surface

U/L or lot no.	Section	Township	Range	Lot Ids	Feet from the	North-South line	Feet from the	East-West line	County
Dedicated Acres		Joint or Infill	Consolidation Code	Order No.					

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that the organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at the location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

April Hood 2/1/17
 APRIL HOOD
 APRIL HOOD
 HPH - Hood@Oxy.com
 E-mail Address

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from the most recent surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

TERRY J. ASH
 15079
 JANUARY 3 2017
 Date of Survey

Signature and Seal of Professional Surveyor

Terry Ash 1/17/2017
 Certificate Number 15079