Submit 1 Copy To Appropriate District Office District 1 - (575) 393-6161 1625 N. French Dr., Hobbs, NM 884 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 8740V 21 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NECENVE 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	Form C-103 Revised August 1, 2011 WELL API NO. 30-025-43841 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 NORTH
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other: Injector	8. Well Number: 24-657
2. Name of Operator Occidental Permian Ltd.	9. OGRID Number: 157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location	
Unit Letter B: 160 feet from the North line and 2269 feet from the East line	
Section 24 Township 18S Range 37E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	NMPM Lea County
3674' (GL)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS PULL OR ALTER CASING MULTIPLE COMPL	
OTHER: Initial Completion OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.	
 MIRU PU Drillout DV tool and cleanout to Float Collar and record PBTD. Run Cased Hole Porosity Logs and CBL Based on log results, selectively perforate San Andres ROZ and TZ targets between 4100' TVD and Base of Unit @ 4500' TVD. Acid treat new perforations. RIH with injection equipment and perform MIT. RDMO PU Turn 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 A_{FL} explored fy OCD Hobbs office 24 hours 	
10. prior of running MIT Test & Chart	
Spud Date: Rig Release Date:	m 17 12-14-17
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Jul Ale TITLE Port Fry, DATE 11/13/17	
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>	
V	