

**HOBBS OCD****JAN 03 2018****OIL CONSERVATION DIVISION**

1220 South St. Francis Dr.

Santa Fe, NM 87505

**RECEIVED**

WELL API NO.

30-025-27138

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit

Section 19

8. Well Number: 142

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

HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter M : 1200 feet from the South line and 1300 feet from the West lineSection 19Township 18SRange 38ENMPM Lea

County

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

3659' 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 ☐  
 DOWNHOLE COMMINGLE ☐

OTHER: ☐**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐ ALTERING CASING ☐  
 COMMENCE DRILLING OPNS. ☐ P AND A ☐  
 CASING/CEMENT JOB ☐

OTHER: ☐

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 Pulling Unit
2. POOH with injection equipment
3. Selectively add new perforations in Zone 2CL 4120'-4150'
4. Re-perforate existing perf interval in 4-1/2" liner (currently 1 or 2 SPF)
5. Acidize all perforations.
6. RIH with injection equipment
7. Return well to injection.

**Condition of Approval: notify****OCD Hobbs office 24 hours****prior of running MIT Test & Chart**

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

**SUBMIT WELLBORE DIAGRAM**

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

*Rick Reeves*

TITLE

*Prod. Eng.*

DATE

*12/27/17*Type or print name Rick ReevesE-mail address rick\_reeves@oxy.comPHONE: 713-215-7653**For State Use Only**

APPROVED BY:

*Mary Brown*

TITLE

*AO/II*

DATE

*1/3/2018*

Conditions of Approval (if any):