

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 87410  
 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 August 1, 2011

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

WELL API NO. 30-025-44608
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. 19552
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit Section 10
8. Well Number: 274
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 E : 1772 feet from the North line and 1051 feet from the West Line  
 Section 10 Township 19-S Range 38-E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3605' (GL)

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input checked="" type="checkbox"/> Initial Completion		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.

- MIRU PU. NU BOP
- RIH with bit and drill out well to float collar
- Log well (GR/CCL/CBL)
- Selectively perforate San Andres formations w/ 4 SPF  
(Perfs intervals to be selected based on log - Step 3)
- AT new perfs with 15% HCL  
(Acid volume to be decided based on log - Step 3)
- RIH with injection equipment
- Set injection packer ~ 50' above top perf
- Bring well online

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

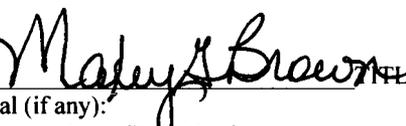
Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE  TITLE Production Engineer DATE 09/24/2018

Type or print name Carlos Restrepo E-mail address carlos\_restrepo@oxy.com PHONE: 713-366-5147

**For State Use Only**  
 APPROVED BY:  TITLE AO/I DATE 9/24/2018  
 Conditions of Approval (if any):  
 Additional Data that would not fit on the form.