Submit 1 Copy To Appropriate District State of New Mexico Office HOBBS State of New Mexico District I - (575) 393-6161 Inerals and Natural Resource 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 SEP 2 620180 NSERVATION DIVISIO District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 8741 RECEIVED Santa Fe, NM 87505 District IV - (505) 476-3460 1220 South St. Francis Dr. 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES AND REPORTS ON WELLS (Do NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO 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	DN 30-025-44609 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No. 19552 7. Lease Name or Unit Agreement Name
HCR 1 Box 90 Denver City, TX 79323 4. Well Location	Hobbs (G/SA)
Unit Letter <u>E</u> : <u>1797</u> feet from the <u>North</u> line and <u>1051</u> feet from the <u>West</u> Line	
Section 10 Township 19-S Range 38-E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, 3605' (GL)	GR, etc.)
	Notice, Report or Other Data SUBSEQUENT REPORT OF: AL WORK
OTHER: Initial Completion OTHER:	<u>D_</u>
 3. Log well (GR/CCL/CBL) 4. Selectively perforate San Andres formations w/ 4 SPF (Perfs intervals to be selected based on log – Step 3) 5. AT new perfs with 15% HCL (Acid volume to be decided based on log – Step 3) 6. RIH with injection equipment 	tiple Completions: Attach wellbore diagram of ng this procedure we plan to use closed-loop system with a steel a and haul contents to the required osal per ODC Rule 19.15.17
 Set injection packer ~ 50' above top perf Bring well online 	ndition of Approval: notify
OC	CD 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 ki	nowledge and belief.
SIGNATURE TITLE <u>Production Engineer</u> DATE <u>09/24/2018</u> Type or print name Carlos Restrepo E-mail address <u>carlos restrepo@oxy.com</u> PHONE: <u>713-366-5147</u>	
For State Use Only APPROVED BY: Maley Holow ATTLE A0/T DATE 9/24/2018 Conditions of Approval (if an /): Additional Data that would not by on the form.	