| Submit I Copy  | To Appropriate Distri   | ct          |                          | State           | of Now N  | Aoria    |                           |  |  |         |          | Form C-1                   | 02       |
|--|---|-------------|--------------------------|-----------------|---|----------|---------------------------|--|--|---------|----------|----------------------------|----------|
|  |   |             |                          |                 | State of New Mexico<br>, Minerals and Natural Resources |          |                           |  |  |         |          | FORIN C-1<br>I August 1, 2 |          |
| District I – (575) 393-6161 Energy, Minerals and Natural Ki<br>1625 N. French Dr., Hobbs, NM 88240   |   |             |                          |                 |   |          |                           |  | WELL API                                 | NO.     | Revised  | 7 Tugust 1, 2              |          |
| District II - (575) 748-1283   |   |             |                          |                 |   |          | N                         | 30-025- 430                            |  |         |          |                            |          |
| Bill S. First St., Artesia, NM 88210         OIL CONSERVAL Graph of NISTON           District III – (505) 334-6178         1220 South St. Francis Dr.2019           1000 Bio Brock Rd. Artes NM 87410         1220 South St. Francis Dr.2019 |   |             |                          |                 |   |          | 5. Indicate Type of Lease |  |  |         |          |                            |          |
| Tool Rio Blazos Ru., Azice, NW 8/410 Conto Eo NIM 8740   |   |             |                          |                 |   |          |                           | STATE FEE 6. State Oil & Gas Lease No. |  |         |          |                            |          |
| 1220 S. St. Francis Dr., Santa Fe, NM  |   |             |                          |                 |   |          |                           |  | 19552                                    |         |          |                            |          |
| 87505<br>SUNDRY NOTICES AND REPORTS ON WELL RECEIVED   |   |             |                          |                 |   |          |                           |  |  | me or U | nit Agre | ement Nam                  |          |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A  |   |             |                          |                 |   |          |                           |  |  | th Hobb | -        |                            | ۲ I,     |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)  |   |             |                          |                 |   |          |                           |  | 8. Well Nur                              |         |          | ,                          |          |
| 1. Type of Well: Oil Well 🔲 Gas Well 🛛 Other: Injector   |   |             |                          |                 |   |          |                           |  |  | e       | 563      |                            |          |
| 2. Name of Operator  |   |             |                          |                 |   |          |                           |  |  | Number: |          |                            |          |
| Occidental Permian Ltd.  |   |             |                          |                 |   |          |                           |  | 157984                                   |         |          |                            |          |
| 3. Address of  |   | Box /       | 294, Houston             | . ТХ            | 77210   |          |                           |  | 10. Pool name or Wildcat<br>Hobbs (G/SA) |         |          |                            |          |
| 4  |   |             | 294, nousio              | п, т <b>л</b> , | //210   |          |                           |  |  | HOUDS   |          |                            |          |
| 4. Well Loc  | ······ .  | . 00        | £ £                      | 46              | NT  | 1:       | 4                         | 1600                                   | 6 6                                      | L       | E.s.     | l'a a                      |          |
|  | t Letter <u>B</u>   | <u>: 99</u> |                          |                 | <u>North</u>  |          |                           | <u>1699</u><br>38E                     | <u>feet</u> from t                       | ine     | East     | <u>li</u> ne               |          |
| Sec  | tion 24   |             | Townshi<br>11. Elevation | <u> </u>        | 18S   |          | nge<br>VD DT (            |  | NMPM                                     |         | Lea      | County                     |          |
|  |   |             | 3674' (GL)               | a (Snov         | v wneiner L   | νκ, κκ   | <i>ND</i> , <i>KI</i> , C | <i>JR</i> , <i>eic.)</i>               |  |         |          |                            |          |
|  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  | 12. Che   | ck An       | propriate l              | Box to          | Indicate  | Natu     | ire of N                  | lotice.                                | Report, or O                             | ther Da | ata      |                            |          |
|  |   | -           | • •                      |                 |   |          |                           |  | •  |         |          |                            |          |
|  |   |             |                          |                 |   |          |                           |  | SEQUENT                                  |         |          |                            | _        |
|  |   |             |                          |                 | =   |          | EMEDIA                    |  | -  | _       |          | G CASING                   | Ц<br>Ц   |
|  |   |             |                          |                 |   |          |                           |  |  | Ξ       | AND A    |                            | Ĺ        |
|  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| OTHER:   |   |             |                          |                 |   | 0        | THER:                     |  |  |         |          |                            |          |
| 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 PU x NDWD – NUBOP  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  |   |             |                          |                 |   |          |                           |  | ing this procedure we plan to use        |         |          |                            |          |
| 3 PIH with CICP and set @ 4370' the  |   |             |                          |                 |   |          |                           |  | closed-loop system with a steel          |         |          |                            |          |
|  | nting Co, and Sqz   |             | existing perf            | S               |   |          |                           | tanl                                   | k and haul contents to the required      |         |          |                            |          |
|  | bit and DO to ~4  |             |                          | c               |   |          |                           | disp                                   | osal per Ol                              | DC Ru   | le 19.1  | 5.17                       |          |
|  | nd set CIBP @ 4   |             |                          |                 |   | 1220     | 1226                      |  |  |         |          |                            |          |
| 7. Perf from 4229-4235, 4247-4253, 4260-4266, 4272-4278, 4314-4320, 4326-<br>4332, 4344-4350, 4356-4364, 4370-4378, 4386-4394, 4405-4413, 4420-4428, 4438-4448   |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| 8. Acid treat new perfs with ~5000 gal of 15% HCL  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| 9. RIH with production equipment   |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| 10. NDBOP  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| <ol> <li>RDMO PU</li> <li>Place well back on production</li> </ol>   |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| Spud Date:   |   |             |                          | R               | lig Release   | Date:    |                           |  |  |         | 1        |                            |          |
|  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| <b></b>  |   |             |                          | 1               |   |          |                           |  |  |         |          |                            |          |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| SIGNATURE  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| Type or print name <u>Carlos Restrepo</u> E-mail address <u>carlos restrepo@oxy.com</u> PHONE: <u>713-838-5772</u>   |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
| For State Use Only   |   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  | APPROVED BY: Keny Forher TITLE Compliance Office A DATE 4-22-19 |             |                          |                 |   |          |                           |  |  |         |          |                            |          |
|  | Approval (if any)   | ):          |                          | 1               |   | <b>_</b> |                           | - por                                  |  |         |          | F (                        | <u> </u> |
|  | •••••   |             |                          |                 |   |          |                           |  |  |         |          |                            |          |