| Submit 1 Copy To Appropriate District | iate District State of New Mexico | | Form C-103 | |
|--|---|--------------------------------------|------------------------------------|--|
| Office District I – (575) 393-6161 Energy, Minerals and Natural Resources | | lesources | Revised August 1, 2011 | |
| 1625 N. French Dr., Hobbs, NM 88240 | | WELL API NO. | | |
| <u>District II</u> (575) 748-1283 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIV 1220 South St. France Santa Fe, NM 87505 | VISION 30-025-07672 | | |
| <u>District III</u> – (505) 334-6178 | 1220 South St. Francis | 5. Indicate Type | | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 | Santa Fe NM 87505 | OCD STATE 6. State Oil & G | | |
| <u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM | 1220 South St. Frances Santa Fe, NM 87505 UCT 0 | | as Lease No. | |
| 87505 | | <u>9 2019</u> | | |
| SUNDRY NOTICES AND REPORTS ON WELLS. (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR LUGDACK FO. A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH SD | | 7. Lease Name of | or Unit Agreement Name SA) Unit | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other: Injector | | 8. Well Number | 8. Well Number: 66 | |
| 2. Name of Operator | | 9 OGRID Num | 9. OGRID Number: 157984 | |
| Occidental Permian Ltd. | | | 5. OOKID Willider. 157704 | |
| 3. Address of Operator | | 10. Pool name of | Wildcat Hobbs (G/SA) | |
| HCR 1 Box 90 Denver City, TX 79323 | | | | |
| 4. Well Location | | | | |
| Unit LetterD_:660feet from theNorth line and660feet from theWestline | | | | |
| Section 10 Township 19S Range 38E NMPM Lea County | | | | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| 3602' (GL) | | | | |
| | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| 12. Check Appropriate Box to indicate Nature of Notice, Report of Other Data | | | | |
| NOTICE OF INTENTION TO: | | | | |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING | | | | |
| TEMPORARILY ABANDON 🛛 CHANGE PLANS 🗍 COMMENCE DRILLING OPNS. 🗍 P AND A 🗍 | | | | |
| PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB | | | | |
| DOWNHOLE COMMINGLE | | | | |
| | | | _ | |
| | | | | |
| 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. | | | | |
| During this procedure we plan to use | | | | |
| 1. MIRU PU. the closed loop system with a steel | | | | |
| 2. I corr with injection equipment | | | | |
| 3. Set CICR at 4000' and squeeze perforations with Class C with 1% CaCl tank and haul contents to the required | | | | |
| 4. Circulate inhibited fluid disposal per ODC Rule 19.15.17 | | | | |
| Cap well and perform MIT RDMO | | | | |
| 6. RDMO Condu | | | | |
| 6. RDMO Condition of Approval: notify OCD Hobbs office 24 b Prior of | | | | |
| OCD Hobbs office 24 hours | | | | |
| Spud Date: Rig Release Date: R | | | | |
| | | Tunning MTT | uours | |
| Spud Date: | Rig Release Date: | | Test & Cha | |
| | | | | |
| | | | | |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | | |
| () () | | | | |
| - Dut | | | | |
| SIGNATURE | | | | |
| | | | | |
| Type or print name Jake Perry E-mail address: Jake Perry@oxy.com PHONE: 713-215-7546 | | | | |
| For State Use Only | | | | |
| APPROVED BY: Kenny fut TITLE C. O A DATE 10-9-19 | | | | |
| Conditions of Approval (if any): | | | | |
| Conditions of Approval (II daily). | | | | |

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