

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

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

WELL API NO. 30-025-31662
5. Indicate Type of Lease STATE [ ] FEE [X]
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
8. Well Number: 144
9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3627' (GL)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR TO UNDOUBT A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)
1. Type of Well: Oil Well [X] Gas Well [ ] Other: ----- RECEIVED
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 : 786 feet from the South line and 1175 feet from the West Line Section 32 Township 18-S Range 38-E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3627' (GL)

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

NOTICE OF INTENTION TO:
PERFORM REMEDIAL WORK [X] 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.

- POOH with Injection equipment.
• Clean out to 4350' (PBTD)
• Perf following intervals: From ~4060' to ~4120'.
• Acid treat with ~ 1500 gal of 15% HCL
• RIH with production equipment
• Return well as a producer.

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

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 [Signature] TITLE Production Engineer DATE 10/08/2019

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

For State Use Only

APPROVED BY: [Signature] TITLE C. O A DATE 10-9-19

Conditions of Approval (if any):
Additional Data that would not fit on the form.