

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**HOBBS OCD OIL CONSERVATION DIVISION**

**DISTRICT I**  
1625 N. French Dr., Hobbs, NM 88240

1220 South St. Francis Dr.  
Santa Fe, NM 87505

**DISTRICT II**  
1301 W. Grand Ave. Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd. Aztec, NM 87410

**JUN 03 2014**

**RECEIVED**

WELL API NO.  
30-025-37101

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit  
Section 24

8. Well No. 637

9. OGRID No. 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 DEEPEEN 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 B : 1268 Feet From The North 1455 Feet From The EAST Line  
Section 24 Township 18-S Range 37-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3671' DF

Pit or Below-grade Tank Application ☐ or Closure ☐  
Pit Type \_\_\_\_\_ Depth of Ground Water \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water  
Pit Liner Thickness \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <u>High Casing Pressure</u> <input type="checkbox"/>		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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. RUPU&RU.
2. ND wellhead/NU BOP.
3. Determine failure and repair.
4. RBIH with injection packer and equipment
5. ND BOP/NU wellhead.
6. Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
7. RDPU & RU. Clean location and return well to injection

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**

**Condition of Approval: notify**

**OCD Hobbs office 24 hours**

**prior of running MIT Test & Chart**

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed for closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Robbie Underhill TITLE Injection Well Analyst DATE 5-29-14

TYPE OR PRINT NAME Robbie Underhill E-mail address: Robert\_Underhill@oxy.com TELEPHONE NO. 806-592-6287

For State Use Only

APPROVED BY Mary Brown TITLE Dist Supervisor DATE 6/6/2016

CONDITIONS OF APPROVAL IF ANY

**JUN 09 2014**