

C-108 Application Attachment  
Occidental Permian Ltd.  
North Hobbs Unit No. 971  
Lea County, New Mexico

- I. This is a pressure maintenance project. The project qualifies for administrative approval.
- II. OCCIDENTAL PERMIAN Ltd.  
P.O. Box 4294 Houston, TX 77210-4294  
Contact Party: Jose Gago, 832-646-4450
- III. Injection well data sheet and wellbore schematic has been attached for NORTH HOBBS UNIT No. 971
- IV. This is an expansion of an existing project authorized under Order No. R-6199-F.
- V. The map with a two mile radius surrounding the injection well and a one half mile radius for area of review is attached.
- VI. In accordance to Order No. R-6199-F Section 4 OCCIDENTAL PERMIAN Ltd certifies that:  
The area of review for well "NORTH HOBBS G/SA UNIT #971" (API: 30-25-22915) shows no substantive changes in the information furnished in support of Order No. R-6199-F concerning the status of construction of any well that penetrates the injection interval within the one-half (1/2) mile around the injection well, with the exemption of the wells below:

API	Well Name	Operator	Status after Jan 2014
30-025-07522	W D GRIMES NCT-A 004	TEXLAND PETROLEUM-HOBBS, LLC	P & A
30-025-23173	STATE 1-29 005	TEXLAND PETROLEUM-HOBBS, LLC	P & A

- The wellbore diagrams and tabulated well data is attached.
- VII. The area of review is attached.
    - 1. Average Injection Rate                      4,000 BWPD / 15,000 MCFGPD  
Maximum Injection Rate                      9,000 BWPD / 20,000 MCFGPD
    - 2 This will be a closed system.
    - 3. Average Surface Injection Pressure                      1,100 PSIG  
Maximum Surface Injection Pressure  
Produced Water                      1,100 PSIG  
CO2                      1,250 PSIG  
CO2 w/produced gas                      1,770 PSIG  
(In accordance with Order No. R-6199-F, effective 7/18/13)
    - 4. Source Water – San Andres Produced Water  
(Analysis previously provided at hearing, Case No. 14981)
  - VIII. The information was previously submitted as part of Order No. R-6199-F application
  - IX. 15% HCL Acid stimulation using straddle packer assembly (PPI – tool) or salt rock as divertor.  
Approximately 0.5 to 1.5 bbls per net pay
  - X. Logs were filed at the time of drilling.
  - XI. The information was previously submitted as part of case No. 15103 Order R6199F –  
Effective May 22, 2014.
  - XII. N/A. This is a pressure maintenance project, not a disposal well.

- XIII. Section 3 of Order No. R-6199-F allows the administrative approval, from the Division Director, of additional injection wells without notice and hearing. Notices to producers and surface owners for the water/CO<sub>2</sub> flood area were provided at the time of the application and hearing for Order No. R-6199-F.



**Occidental Permian LTD.**

A subsidiary of Occidental Petroleum Corporation

5 Greenway Plaza, Suite 110, Houston, Texas 77046-0521  
P.O. Box 27570, Houston, Texas 77227-7570  
Phone 713.215.7000

September 16, 2021

State of New Mexico  
Energy, Minerals & Natural Resources Department  
Oil Conservation Division  
1220 S. St. Frances Dr.  
Santa Fe, NM 87505

RE: Pressure Maintenance Project  
North Hobbs Unit  
Well: W D GRIMES NCT A #018  
API 30-025-22915  
Letter F, Section 32, T-18S, R-38E  
Lea County, NM

As part of recompleting the "W D GRIMES NCT A #18" from the HOBBS UPPER BLINEBRY to the HOBBS GRAYBURG/SAN ANDRES pool, and converting the well to an injection well, Occidental Permian Ltd. will be changing the name and number of the well to "NORTH HOBBS G/SA UNIT #971". The API number (30-025-22915) will remain the same.

To summarize, the addition of the "NORTH HOBBS G/SA UNIT #971" injector (currently W D GRIMES NCT A #18) to the North Hobbs G/SA Unit will be completed following the steps shown below as indicated by Mr. Paul Kautz (see attached communication).

- 1) Approval of the C-108 authorizing the commencement of injection in the HOBBS; GRAYBURG/SAN ANDRES [19520] (already submitted – PMX-296)
- 2) Submittal of C-101 form and payment of \$500 fee for plugging the HOBBS; UPPER BLINEBRY [31680] pool and recompleting the well to the HOBBS; GRAYBURG/SAN ANDRES [19520] pool
- 3) Submittal of C-103 to change the well name and number to "NORTH HOBBS G/SA UNIT #971"

If you have any questions regarding this letter, please contact me at 832-646-4450 or email Jose\_Gago@oxy.com.

Sincerely,

Jose Gago  
Regulatory Engineer

**From:** Kautz, Paul, EMNRD <[paul.kautz@state.nm.us](mailto:paul.kautz@state.nm.us)>  
**Sent:** Friday, September 3, 2021 2:24 PM  
**To:** Gago, Jose L <[Jose\\_Gago@oxy.com](mailto:Jose_Gago@oxy.com)>  
**Cc:** Hood, April <[April\\_Hood@oxy.com](mailto:April_Hood@oxy.com)>; Maxian, Amanda M <[Amanda\\_Maxian@oxy.com](mailto:Amanda_Maxian@oxy.com)>;  
Murphy, Kathleen A, EMNRD <[KathleenA.Murphy@state.nm.us](mailto:KathleenA.Murphy@state.nm.us)>  
**Subject:** [EXTERNAL] RE: PMX-296-- N Hobbs Unit G/SA Unit 971

The process is the same for SWD or INJ well and whether or not you intend to drill a new well or convert an existing well. The C-108 approval comes first and then the C-101 or C-103. In this case if since you are plugging back from one pool to another pool it must be submitted on a C-101 and you must pay the C-101 fee of \$500.00. If you are converting an existing well in the same pool it would be submitted on a C-103 with no fee required. If the UIC Group approves your C-108 you should submit a C-101 and a C-102 for recompleting the well from the previous pool to the Hobbs;Grayburg-San Andres pool. I cannot tell you how to submit your C-108 but based on the way it has been done in the past it should be submitted under both names the existing well name and future well name including the API# of the well.

Paul Kautz  
Petroleum Specialist  
Hobbs District Geologist  
Energy Minerals Natural Resources Dept.  
Oil Conservation Division  
1625 N. French Dr.  
Hobbs, NM 88240  
Cell # 575-602-4493

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**From:** Gago, Jose L <[Jose\\_Gago@oxy.com](mailto:Jose_Gago@oxy.com)>  
**Sent:** Friday, September 3, 2021 1:07 PM  
**To:** Kautz, Paul, EMNRD <[paul.kautz@state.nm.us](mailto:paul.kautz@state.nm.us)>  
**Cc:** Hood, April <[April\\_Hood@oxy.com](mailto:April_Hood@oxy.com)>; Maxian, Amanda M <[Amanda\\_Maxian@oxy.com](mailto:Amanda_Maxian@oxy.com)>;  
Murphy, Kathleen A, EMNRD <[KathleenA.Murphy@state.nm.us](mailto:KathleenA.Murphy@state.nm.us)>  
**Subject:** RE: PMX-296-- N Hobbs Unit G/SA Unit 971

Thanks for the quick response Paul. The term CTI means Convert to Injection/injector.

I'm a little confused now on what the order of things should be. Should we get the C-108 approved under the old name (current name in the NMOCD) even though the injection is going to be on G/SA? Then get the C-103 (intent to inject) approved under the old name (current name in the NMOCD), start the work, and then get the change of name C-103 approved?

Is that correct?

Thanks again and I apologize for the confusion,

Jose.

Submit 1 Copy To Appropriate District Office  
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

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised July 18, 2013

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

WELL API NO. 30-025-22915
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W.D. Grimes (NCT-A)
8. Well Number #18
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3637' GR

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Occidental Permian LTD	
3. Address of Operator PO Box 4294 Houston, TX 77210	
4. Well Location Unit Letter <u>F</u> : <u>1650</u> feet from the <u>N</u> line and <u>2080</u> feet from the <u>W</u> line Section <u>32</u> Township <u>18S</u> Range <u>38E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3637' GR	

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"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <b>WELL NAME CHANGE</b> <input checked="" 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

W.D Grimes (NCT-A) well name will be changed to North Hobbs (G/SA) Unit

Well number will change to 971.

Pool name will be changed to Hobbs; Grayburg San - Andres

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 April Santos TITLE Regulatory Specialist DATE 04/26/2021

Type or print name April Santos E-mail address: April\_Hood@Oxy.com PHONE: 713-366-5771

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):



## C-108 APPLICATION FOR AUTHORIZATION TO INJECT ADMINISTRATIVE COMPLETENESS FORM

**Well Name:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**PO Number:** \_\_\_\_\_

**Admin. App. No:** \_\_\_\_\_

C-108 Item	Description of Required Content	Yes	No
<b>I. PURPOSE</b>	Selection of proper application type.		
<b>II. OPERATOR</b>	Name; address; contact information.		
<b>III. WELL DATA</b>	Well name and number; STR location; footage location within section.		
	Each casing string to be used, including size, setting depth, sacks of cement, hole size, top of cement, and basis for determining top of cement.		
	Description of tubing to be used including size, lining material, and setting depth.		
	Name, model, and setting depth of packer to be used, or description of other seal system or assembly to be used.		
	Well diagram: Existing (if applicable).		
	Well diagram: Proposed (either Applicant's template or Division's Injection Well Data Sheet).		
<b>IV. EXISTING PROJECT</b>	For an expansion of existing well, Division order number authorizing existing well (if applicable).		
<b>V. LEASE AND WELL MAP</b>	AOR map identifying all wells and leases within 2 mile radius of proposed well, and depicting a 1/2 mile radius circle around any another projected injection well and a 1 mile radius circle around any other projected injection well in the Devonian formation.		
<b>VI. AOR WELLS</b>	Tabulation of data for all wells of public record within AOR which penetrate the proposed injection zone, including well type, construction, date drilled, location, depth, and record of completion.		
	Schematic of each plugged well within AOR showing all plugging detail.		
<b>VII. PROPOSED OPERATION</b>	Proposed average and maximum daily rate and volume of fluids to be injected.		
	Statement that the system is open or closed.		
	Proposed average and maximum injection pressure.		
	Sources and analysis of injection fluid, and compatibility with receiving formation if injection fluid is not produced water.		
	A chemical analysis of the disposal zone formation water if the injection is for disposal and oil or gas is not produced or cannot be produced from the formation within 1 mile of proposed well. Chemical analysis may be based on sample, existing literature, studies, or nearby well.		
<b>VIII. GEOLOGIC DATA</b>	Proposed injection interval, including appropriate lithologic detail, geologic name, thickness, and depth.		
	USDW of all aquifers overlying the proposed injection interval, including geologic name and depth to bottom.		
	USDW of all aquifers underlying the proposed injection interval, including the geologic name and depth to bottom.		



## C-108 (SWD) APPLICATION FOR AUTHORIZATION TO INJECT ADMINISTRATIVE COMPLETENESS FORM

Well Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

PO Number: \_\_\_\_\_

Admin. App. No: \_\_\_\_\_

C-108 Item	Description of Required Content	Yes	No
<b>IX. PROPOSED STIMULATION</b>	Description of stimulation process or statement that none will be conducted.		
<b>X. LOGS/WELL TESTS</b>	Appropriate logging and test data on the proposed well or identification of well logs already filed with OCD.		
<b>XI. FRESH WATER</b>	Chemical analysis of fresh water from two or more fresh water wells (if available and producing) within 1 mile of the proposed well, including location and sampling date(s).		
<b>XII. AFFIRMATION STATEMENT</b>	Statement of qualified person endorsing the application, including name, title, and qualifications.		
<b>XIII. PROOF OF NOTICE</b>	Identify of all " <i>affected persons</i> " identified on AOR map in Section V, including all affected persons within 1/2 mile radius circle around any another projected injection well and a 1 mile radius circle around any other projected injection well in the Devonian formation.		
	Identification and notification of all surface owners.		
	BLM and/or NMSLO notified per 19.15.2.7(A)(8)(d) NMAC.		
	Notice of publication in local newspaper in county where proposed well is located with the following specific content:		
	<ul style="list-style-type: none"> <li>Name, address, phone number, and contact party for Applicant;</li> </ul>		
	<ul style="list-style-type: none"> <li>Intended purpose of proposed injection well, including exact location of a single well, or the section, township, and range location of multiple wells;</li> </ul>		
	<ul style="list-style-type: none"> <li>Formation name and depth, and expected maximum injection rates and pressures; and</li> </ul>		
	<ul style="list-style-type: none"> <li>Notation that interested parties shall file objections or requests for hearing with OCD no later than 15 days after the admin completeness determination.</li> </ul>		
<b>XIV. CERTIFICATION</b>	Signature by operator or designated agent, including date and contact information.		

Review Date\*:

Reviewer:

☐ Administratively COMPLETE

☐ Administratively INCOMPLETE

NOTES:

\* The Review Date is the date of administrative completeness determination that commences the 15 day protest period in 19.15.26.8 (C)(2) NMAC.



# FORM C-108 Technical Review Summary [Prepared by reviewer and included with application; V17]

**DATE RECORD:** First Rec: \_\_\_\_\_ Admin Complete: \_\_\_\_\_ or Suspended: \_\_\_\_\_ Add. Request/Reply: \_\_\_\_\_

**ORDER TYPE:** \_\_\_\_\_ Number: \_\_\_\_\_ Order Date: \_\_\_\_\_ Legacy Permits/Orders: \_\_\_\_\_

Well No. \_\_\_\_\_ Well Name(s): \_\_\_\_\_

API : 30-0 \_\_\_\_\_ Spud Date: \_\_\_\_\_ New or Old (EPA): \_\_\_\_\_ (**UIC Class II Primacy 03/07/1982**)

Footages \_\_\_\_\_ Lot \_\_\_\_\_ or Unit \_\_\_\_\_ Sec \_\_\_\_\_ Tsp \_\_\_\_\_ Rge \_\_\_\_\_ County \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude \_\_\_\_\_ Pool: \_\_\_\_\_ Pool No.: \_\_\_\_\_

Operator: \_\_\_\_\_ OGRID: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**COMPLIANCE RULE 5.9:** Total Wells: \_\_\_\_\_ Inactive: \_\_\_\_\_ Fincl Assur: \_\_\_\_\_ Compl. Order? \_\_\_\_\_ **IS 5.9 OK?** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WELL FILE REVIEWED** Current Status: \_\_\_\_\_

**WELL DIAGRAMS:** NEW: Proposed ☐ or RE-ENTER: Before Conv. ☐ After Conv. ☐ Logs in Imaging: \_\_\_\_\_

Planned Rehab Work to Well: \_\_\_\_\_

Well Construction Details		Sizes (in) Borehole / Pipe	Setting Depths (ft)	Cement Sx or Cf	Cement Top and Determination Method
Planned _____ or Existing _____	<b>Surface</b>			Stage Tool	
Planned _____ or Existing _____	<b>Interm/Prod</b>				
Planned _____ or Existing _____	<b>Interm/Prod</b>				
Planned _____ or Existing _____	<b>Prod/Liner</b>				
Planned _____ or Existing _____	<b>Liner</b>				
Planned _____ or Existing _____	<b>OH / PERF</b>			Inj Length	
<b>Injection Lithostratigraphic Units:</b>		Depths (ft)	Injection or Confining Units	Tops	<b>Completion/Operation Details:</b> Drilled TD _____ PBTD _____ NEW TD _____ NEW PBTD _____ NEW Open Hole _____ NEW Perfs _____ Tubing Size _____ in. Inter Coated? _____ Proposed Packer Depth _____ ft Min. Packer Depth _____ (100-ft limit) Proposed Max. Surface Press. _____ psi Admin. Inj. Press. _____ (0.2 psi per ft)
Adjacent Unit: Litho. Struc. Por.					
Confining Unit: Litho. Struc. Por.					
Proposed Inj Interval TOP:					
Proposed Inj Interval BOTTOM:					
Confining Unit: Litho. Struc. Por.					
Adjacent Unit: Litho. Struc. Por.					
<b>AOR: Hydrologic and Geologic Information</b>					
<b>POTASH:</b> R-111-P _____ Noticed? _____ <b>BLM Sec Ord</b> WIPP _____ Noticed? _____ <b>Salt/Salado T:</b> _____ <b>B:</b> _____ <b>NW:</b> Cliff House fm _____ <b>USDW:</b> Aquifer(s) _____ Max Depth _____ <b>HYDRO AFFIRM STATEMENT By Qualified Person</b> <b>NMOSE Basin:</b> _____ <b>CAPITAN REEF:</b> thru _____ adj _____ <b>NA</b> _____ <b>No. GW Wells in 1-Mile Radius?</b> _____ <b>FW Analysis?</b> _____ <b>Disposal Fluid:</b> Formation Source(s) _____ Analysis? _____ On Lease <input type="radio"/> Operator Only <input type="radio"/> Commercial <input type="radio"/> <b>Disposal Interval:</b> Inject Rate (Avg/Max BWPD): _____ Protectable Waters? _____ Source: _____ System: Closed or Open <b>HC Potential:</b> Producing Interval? _____ Formerly Producing? _____ Method: Logs /DST /P&A /Other _____ 2-Mi Radius Pool Map _____ <b>AOR Wells:</b> 1/2-M _____ or ONE-M _____ <b>RADIUS MAP/WELL LIST: Total Penetrating Wells:</b> _____ [AOR Hor: _____ AOR SWDs: _____] <b>Penetrating Wells: No. Active Wells</b> _____ No. Corrective? _____ on which well(s)? _____ Diagrams? _____ <b>Penetrating Wells: No. P&amp;A Wells</b> _____ No. Corrective? _____ on which well(s)? _____ Diagrams? _____ <b>Induced-Seismicity Risk Assess:</b> analysis submitted _____ historical/catalog review _____ fault-slip model _____ <b>probability</b> _____ <b>NOTICE:</b> 1/2-M _____ or ONE-M _____ : Newspaper Date _____ <b>Mineral Owner*</b> _____ Surface Owner _____ N. Date _____ <b>RULE 26.7(A): Identified Tracts?</b> _____ <b>Affected Persons*:</b> _____ N. Date _____ * new definition as of 12/28/2018 [any the mineral estate of United States or state of New Mexico; SWD operators within the notice radius]					

**Order Conditions:** Issues: \_\_\_\_\_

**Additional COAs:** \_\_\_\_\_