

FILE IN TRIPLICATE

DISTRICT I

1625 N. French Dr. Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave. Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED**DEC 13 2012**
HOBBSOCD**OIL CONSERVATION DIVISION**1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-27628	
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 North Hobbs (G/SA) Unit Section 25	
8. Well No. 182	
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 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 type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input checked="" type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>F</u> : <u>1785</u> Feet From The <u>North</u> <u>1810</u> Feet From The <u>West</u> Line Section <u>5</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3621' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: <u>Replace tubing joint</u> <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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. Kill Well
2. Set plug
3. Pull top joint of tubing
4. RIH with new joint of tubing/ replace tubing valve
5. Test casing and chart for NMOCD
6. Return well to injection

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 or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE [Signature] TITLE Injection Well Analyst DATE 12-13-2012
 TYPE OR PRINT NAME Robbie Underhill E-mail address: Robert_Underhill@oxy.com TELEPHONE NO.: 806-592-6287

For State Use Only

APPROVED BY [Signature] TITLE Dist. MGR DATE 12-13-2012
 CONDITIONS OF APPROVAL IF ANY: