

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

FEB 05 2013

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

WELL API NO. 30-025-28414
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24
8. Well No. 413
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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.)</p>	
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector</p>	
<p>2. Name of Operator Occidental Permian Ltd.</p>	
<p>3. Address of Operator HCR 1 Box 90 Denver City, TX 79323</p>	
<p>4. Well Location Unit Letter <u>A</u> : <u>1200</u> Feet From The <u>NORTH</u> <u>206</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM LEA County</p>	
<p>11. Elevation (Show whether DF, RKB, RT GR, etc.) 3663' GL</p>	
<p>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 _____</p>	

<p>12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data</p>	
<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/></p> <p>OTHER: High Casing Pressure <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>

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. POOH with injection equipment
3. Repair cause of casing pressure
4. RBIH with injection equipment
5. Test casing and chart for NMOCD
6. Return well to injection

Per Underground Injection Control Program Manual
11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.

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 Robbie Underhill TITLE Injection Well Analyst DATE 1-22-2013

TYPE OR PRINT NAME Robbie Underhill E-mail address: Robert_Underhill@oxv.com TELEPHONE NO. 806-592-6287

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APPROVED BY [Signature] TITLE Dist MGR DATE 2-6-2013

Conditions of Approval: The Operator shall give the OCD District office 24 hours notice before work begins.

CONDITION OF APPROVAL: Notify OCD Hobbs Office 24 hours prior to running MIT Test & Chart.

FEB 06 2013