

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

RECEIVED

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

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

JUN 25 2013

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

HOBBSCD

WELL API NO. 30-025-07623
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 South Hobbs (G/SA) Unit
8. Well No. 40
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3629' KB

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 <input checked="" type="checkbox"/> 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 K : 1980 Feet From The South 1980 Feet From The West Line Section 30 Township 19-S Range 38-E NMPM LEA County

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	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.
Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____	
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: Failed MIT Testing <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. POOH with injection equipment
3. Repair cause of casing pressure
4. RBIII with injection equipment
5. Test casing and chart for NMOCD
6. Return well to injection

The Oil Conservation Division
MUST BE NOTIFIED 24 Hours

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart

Prior to the beginning of operations I, the undersigned, certify that the information herein is true 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 5-15-2013
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 DISTRICT DATE 6-26-2013
CONDITIONS OF APPROVAL, IF ANY:

JUN 26 2013