

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 88249

HOBBS OCD

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

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

JUN 03 2014

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
30-025-05484

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. 131

9. OGRID No. 157984

10. Pool name or Wildcat Hobbs (G/SA)

SUNDRY RECEIVED 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 ☐ 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 L : 2310 Feet From The SOUTH 1315 Feet From The WEST Line
Section 24 Township 18-S Range 37-E NMPM LEA County

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

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 ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐
PULL OR ALTER CASING ☐ Multiple Completion ☐ CASING TEST AND CEMENT JOB ☐
OTHER: Failed MIT Testing ☐ OTHER: ☐

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

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OCD Hobbs office 24 hours

prior of running MIT Test & Chart

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This work was performed in accordance with the best of my knowledge and belief, and the work has been/will be
constructed or closed according to NMOCD guidelines ☐ a general permit ☐ or an (attached) alternative OCD-approved
plan ☐

SIGNATURE  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  TITLE Dist. Supervisor DATE 6/6/2014

CONDITIONS OF APPROVAL IF ANY

JUN 09 2014