



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

October 13, 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 No. 972
API 30-025-36775
Letter F, Section 32, T-18S, R-38E
Lea County, NM

To Mr. Richard Ezeanyim, Chief Engineer:

Occidental Permian Ltd. respectfully request administrative approval, without hearing, to commence injection (water, CO₂, and produced gas) per the authorized Order No. R-6199-F. In support of this request please find the following documentation:

- Administrative Application Checklist
- Form C-108 with miscellaneous data attached
- An Injection Well Data Sheet with Wellbore Schematic
- Form C-102
- Map

*** Per Order No. R-6199-F, this application is eligible for administrative approval without notice or hearing ***

If you have any questions regarding this application, please contact me at 832-646-4450 or email Jose_Gago@oxy.com.

Sincerely,

Jose Gago
Regulatory Engineer



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State of New Mexico
Energy, Minerals & Natural Resources Department
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1220 S. St. Frances Dr.
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RE: Pressure Maintenance Project
North Hobbs Unit
Well: W D GRIMES NCT A #027
API 30-025-36775
Letter F, Section 32, T-18S, R-38E
Lea County, NM

As part of recompleting the "W D GRIMES NCT A #27" 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 #972". The API number (30-025-36775) will remain the same.

To summarize, the addition of the "NORTH HOBBS G/SA UNIT #972" injector (currently W D GRIMES NCT A #27) to the North Hobbs G/SA Unit will be completed following the steps Mr. Paul Kautz indicated for the identical case of the W D Grimes NCT A 18 (see attached communication).

- 1) Approval of the C-108 authorizing the commencement of injection in the HOBBS; GRAYBURG/SAN ANDRES [19520] (already submitted – PMX-297)
- 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 #972"

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>
Sent: Friday, September 3, 2021 2:24 PM
To: Gago, Jose L <Jose_Gago@oxy.com>
Cc: Hood, April <April_Hood@oxy.com>; Maxian, Amanda M <Amanda_Maxian@oxy.com>;
Murphy, Kathleen A, EMNRD <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

From: Gago, Jose L <Jose_Gago@oxy.com>
Sent: Friday, September 3, 2021 1:07 PM
To: Kautz, Paul, EMNRD <paul.kautz@state.nm.us>
Cc: Hood, April <April_Hood@oxy.com>; Maxian, Amanda M <Amanda_Maxian@oxy.com>;
Murphy, Kathleen A, EMNRD <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. 30-025-36775
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 #27
9. OGRID Number 157984
10. Pool name or Wildcat Hobbs; (G/SA)
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>) 3633' 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 Gas Well Other

2. Name of Operator
Occidental Permian LTD

3. Address of Operator
PO Box 4294 Houston, TX 77210

4. Well Location
 Unit Letter F : 2176 feet from the N line and 1444 feet from the W line
 Section 32 Township 18S Range 38E NMPM County Lea

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: WELL NAME CHANGE <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 972.

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
I. PURPOSE	Selection of proper application type.		
II. OPERATOR	Name; address; contact information.		
III. WELL DATA	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).		
IV. EXISTING PROJECT	For an expansion of existing well, Division order number authorizing existing well (if applicable).		
V. LEASE AND WELL MAP	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.		
VI. AOR WELLS	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.		
VII. PROPOSED OPERATION	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.		
VIII. GEOLOGIC DATA	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 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
IX. PROPOSED STIMULATION	Description of stimulation process or statement that none will be conducted.		
X. LOGS/WELL TESTS	Appropriate logging and test data on the proposed well or identification of well logs already filed with OCD.		
XI. FRESH WATER	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).		
XII. AFFIRMATION STATEMENT	Statement of qualified person endorsing the application, including name, title, and qualifications.		
XIII. PROOF OF NOTICE	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"> • Name, address, phone number, and contact party for Applicant; 		
	<ul style="list-style-type: none"> • Intended purpose of proposed injection well, including exact location of a single well, or the section, township, and range location of multiple wells; 		
	<ul style="list-style-type: none"> • Formation name and depth, and expected maximum injection rates and pressures; and 		
XIV. CERTIFICATION	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.