State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

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

OIL CONSERVATION DIVISION

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

OCT 05 2012

RECEIVED

WELL API NO 30-025-37152

5. Indicate Type of Lease STATE [x] FEE [ ]

6 State Oil & Gas Lease No

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)

7 Lease Name or Unit Agreement Name: North Hobbs (G/SA) Unit Section 24

1. Type of Well: Oil Well [ ] Gas Well [ ] Other Injector [X]

8 Well No 622

2. Name of Operator: Occidental Permian Ltd.

9 OGRID No 157984

3. Address of Operator: HCR 1 Box 90 Denver City, TX 79323

10 Pool name or Wildcat Hobbs (G/SA)

4 Well Location

Unit Letter J 2482 Feet From The South 2599 Feet From The East Line

Section 24 Township 18-S Range 37-E NMPM LEA County

11. Elevation (*Show whether DF, RKB, RT GR, etc*)
3611' RDB

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. High Casing Pressure			[x]	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, Kill Well
2. Pressure test casing
3. Determine cause of casing pressure and repair
4. Secure well and rig down
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 _____ TITLE Injection Well Analyst DATE 9-25-2012

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

For State Use Only

APPROVED BY _____ TITLE Dist. Mgr DATE 10-10-201

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.

OCT 10 2012

Wellbore Diagram : NHSAU 622-24