

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

DISTRICT II
1301 W Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OCT 28 2011

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS		WELL API NO 30-025-29064	
(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)		5 Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector		6 State Oil & Gas Lease No	
2 Name of Operator Occidental Permian Ltd.		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 30	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323		8. Well No 113	
4 Well Location Unit Letter <u>D</u> <u>1310</u> Feet From The <u>North</u> <u>195</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County		9 OGRID No 157984	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3658' GR		10 Pool name or Wildcat Hobbs (G/SA)	
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 _____			

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 <u>Repair tubing/packer leak</u> <input checked="" type="checkbox"/>		OTHER: _____ <input type="checkbox"/>	

13. Describe Proposed or Completed Operation (proposed work) SEE RULE 1103.

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.

ling estimated date of starting any
ion or recompletion.

1. Pull equipment.
2. Locate leak.
3. Perform repairs as required.
4. Run back in hole with equipment.
5. Notify NMOCD of pressure test.
6. Return well to injection

Condition of Approval: notify

OCD Hobbs office 24 hours

prior of running MIT Test & Chart

The Oil Conservation Division
MUST BE NOTIFIED 24 Hours
Prior to the beginning of operations

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 Mendy A Johnson TITLE Administrative Associate DATE 10/27/2011
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE STAFF WORKER DATE 10-31-2011
CONDITIONS OF APPROVAL IF ANY

OCT 31 2011