

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

NOV 21 2011

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

WELL API NO 30-025-28414 ✓
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
6 State Oil & Gas Lease No
7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit ✓ Section 24
8 Well No 413 ✓
9 OGRID No 157984 ✓
10 Pool name or Wildcat Hobbs (G/SA) ✓

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 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 A 1200 Feet From The North 206 Feet From The East Line ✓
Section 24 Township 18-S Range 37-E NMPM Lea County ✓

11 Elevation (Show whether DF, RKB, RTGR, etc)
3663' GL

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 <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPERATIONS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <u>High casing repair</u> <input checked="" type="checkbox"/>	OTHER: _____ <input type="checkbox"/>

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

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.

- Kill well.
- POOH w/injection equipment
- Repair leak.
- Run back in hole with injection equipment.
- Test casing and chart for the NMOCD
- Return well to injection

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

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.

I certify that any pit or below-grade tank has been/will be
mit or an (attached) alternative OCD-approved plan

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 11/17/2011
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 STATE MGR DATE 11-22-2011
CONDITIONS OF APPROVAL IF ANY _____

NOV 22 2011