

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 88240

HOBBS OCD

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

WELL API NO 30-025-28970
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 South Hobbs (G/SA)
8 Well No COOP 11
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector	7 Lease Name or Unit Agreement Name South Hobbs (G/SA)
2 Name of Operator Occidental Permian Ltd.	8 Well No COOP 11
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	9 OGRID No 157984
4 Well Location Unit Letter <u>K</u> <u>2500</u> Feet From The <u>South</u> <u>1660</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County <u>Lea</u>	10 Pool name or Wildcat Hobbs (G/SA)
11 Elevation (Show whether DF, RKB, RT GR, etc) 3627' GR	
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:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>
OTHER: <u>High casing repair</u>	<input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Kill well
2. POOH w/injection equipment.
3. Repair leak.
4. Run back in hole with injection equipment
5. Test casing and chart for the NMOCD
6. 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.

of my knowledge and belief I further certify that any pit or below-grade tank has been/will be

pit ☐ 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 STAFF NGR DATE 11-22-2011
CONDITIONS OF APPROVAL IF ANY

NOV 22 2011