

HOBBS OCD

DEC 02 2011

State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

## HOBBS OIL CONSERVATION DIVISION

DISTRICT I RECEIVED  
1625 N French Dr, Hobbs, NM 88240DISTRICT II  
1301 W. Grand Ave, Artesia, NM 88210DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 874101220 South St. Francis Dr.  
Santa Fe, NM 87505

02 2011

RECEIVED

WELL API NO 30-025-29754
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 South Hobbs (G/SA) Unit
8 Well No 216
9 OGRID No. 157984
10 Pool name or Wildcat Hobbs (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <u>Injector</u>	
2 Name of Operator Occidental Permian Ltd.	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4 Well Location Unit Letter <u>C</u> <u>1166</u> Feet From The <u>North</u> <u>2411</u> Feet From The <u>West</u> Line Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3610' GL	
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	
<b>NOTICE OF INTENTION TO:</b> 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>Clean out/Plug back/Sqz perfs/OAP/AT</u> <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input 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 1103. For Multiple Completions Attach wellbore diagram of proposed completion operations.

The Oil Conservation Division

MUST BE NOTIFIED 24 Hours

Prior to the beginning of operations

- Kill well.
- POOH w/injection equipment.
- Clean out to 4220'.
- Plug back w/pea gravel to 4144'.
- Squeeze perfs. Test squeeze.
- Perforate well @4060-64, 4070-79' @4 JSPF.
- Acid treat well w/750 gal of 15% NEFE acid.
- Run back in hole w/injection equip
- Test casing for 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 hereby certify that the information above is true and  
constructed or  
closed according to NMOCD guidelines

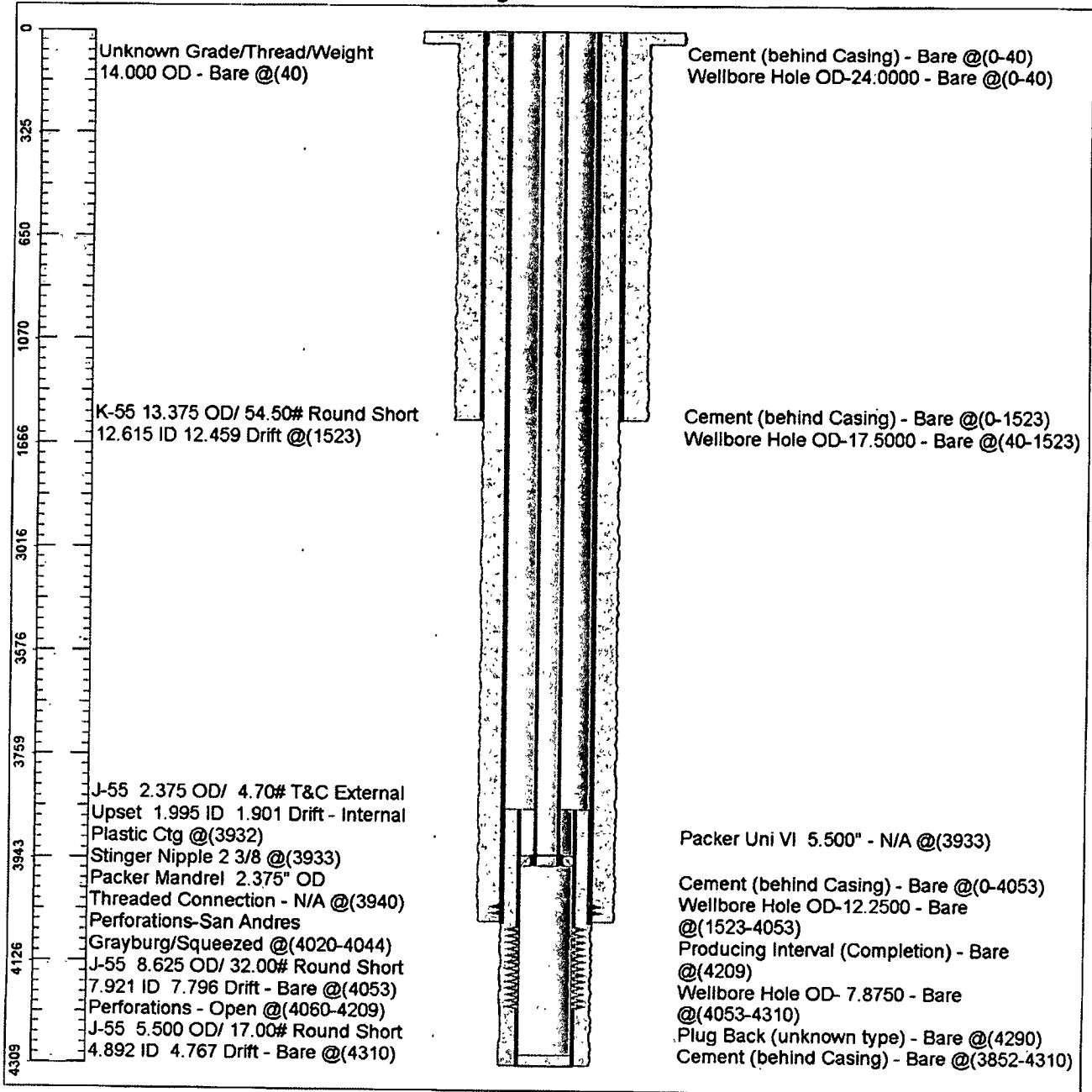
SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 11/30/2011  
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 12-5-2011  
 CONDITIONS OF APPROVAL IF ANY.

DEC 05 2011

## Wellbore Diagram : SHOU-216C04



JERAD BROCKMAN  
713-366-5390