

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

**DISTRICT II**  
1301 W Grand Ave, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd, Aztec, NM 87410

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

JAN 06 2012

RECEIVED

WELL API NO 30-025-07538	
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 32	
8. Well No	331
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 J 2310 Feet From The South 2310 Feet From The East Line  
Section 32 Township 18-S Range 38-E NMPM Lea County

11 Elevation (Show whether DF, RKB, RT GR, etc)  
3638' 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"/>	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 Casing failure repair <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	

13. Describe Proposed or Completed Operations (Clearly state proposed work) SEE RULE 1103 For Multiple Completion

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.

starting any

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

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

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

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 01/03/2012

TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy.johnson@oxy.com TELEPHONE NO 806-592-6280

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APPROVED BY [Signature] TITLE STAFF MGR DATE 1-9-2012

CONDITIONS OF APPROVAL IF ANY

JAN 10 2012