

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

FEB 09 2012

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

RECEIVED

WELL API NO 30-025-29098
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 442
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	
2 Name of Operator Occidental Permian Ltd.	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4 Well Location Unit Letter P 1260 Feet From The South 200 Feet From The East Line Section 24 Township 18-S Range 37-E NMPM Lea County	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3662' 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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ Multiple Completion ☐
OTHER: High casing repair ☒

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.

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 and clean out if necessary.
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**

The Oil Conservation Division

MUST BE NOTIFIED 24 Hours

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 02/08/2012
TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy_johnson@ooy.com TELEPHONE NO 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE Staff Mgr DATE 2-9-2012
CONDITIONS OF APPROVAL IF ANY