

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

MAR 26 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 30-025-28984
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) Unit
8 Well No. 193
9 OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

11 Elevation (Show whether DF, RKB, RT GR, etc)
3617' KB

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 _____

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 P 945 Feet From The South 270 Feet From The East Line
Section 5 Township 19-S Range 38-E NMPM Lea County

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: _____ <input type="checkbox"/>		OTHER: <u>Repair tubing leak</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. RUPU & RU.
2. NU BOP/ND wellhead.
3. POOH w/tubing and injection packer.
4. RIH w/new A-3 Lokset Dbl grip packer set on 129 jts of 2-3/8' IPC tubing. Packer set @3985'.
5. ND BOP/NU wellhead.
6. Test casing to 580 PSI for 30 minutes and chart for the NMOCD.
7. RDPU & RU. Clean location and return well to injection.

RUPU 02/16/2012
RDPU 02/21/2012

*Next Repair Lower
Pkr set @ 135' Above Perfs
Perfs to 100' Above
Perfs*

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 ☐

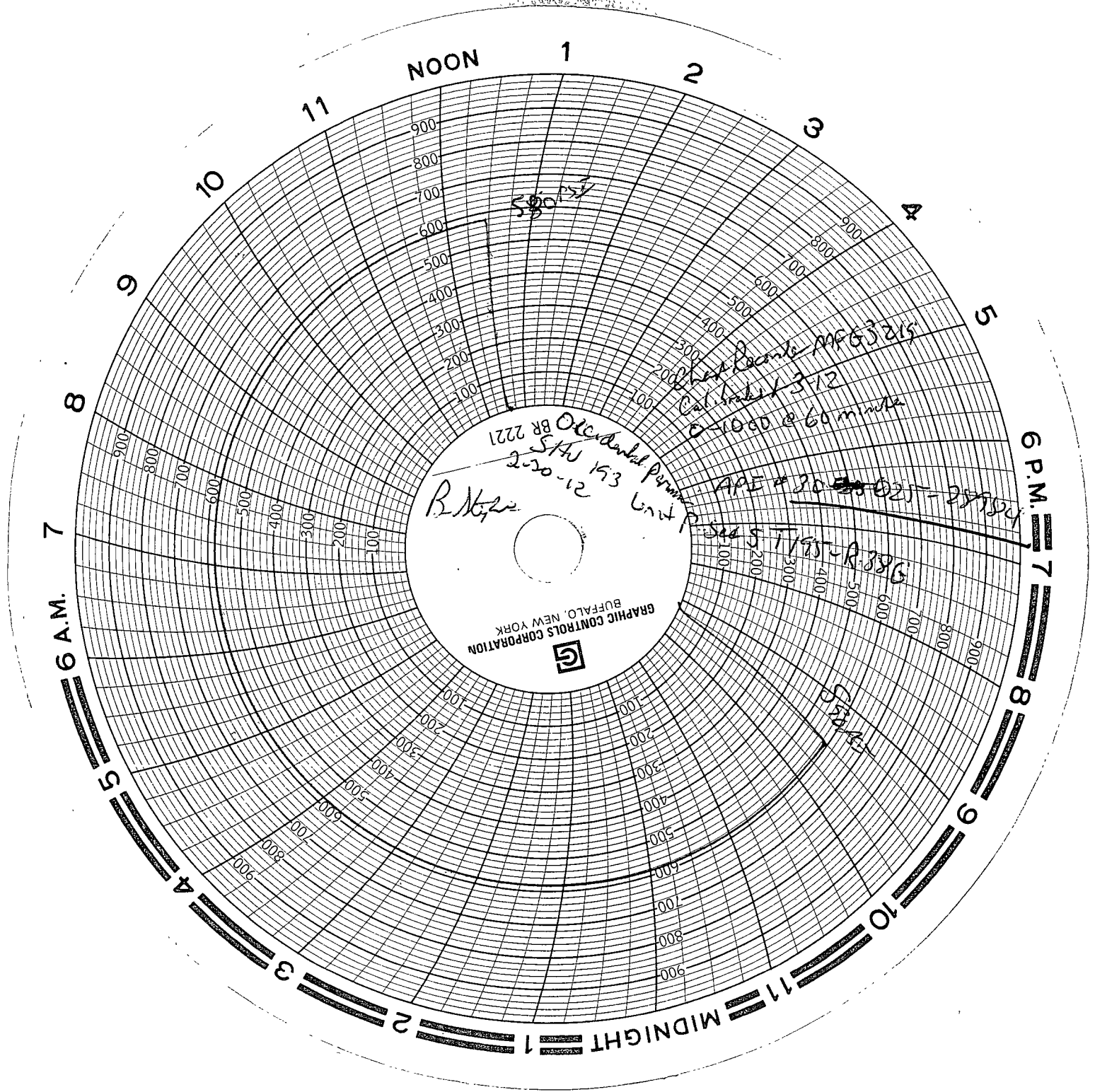
SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 03/22/2012
TYPE OR PRINT NAME Mendy A Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE Staff Manager DATE 3-27-2012

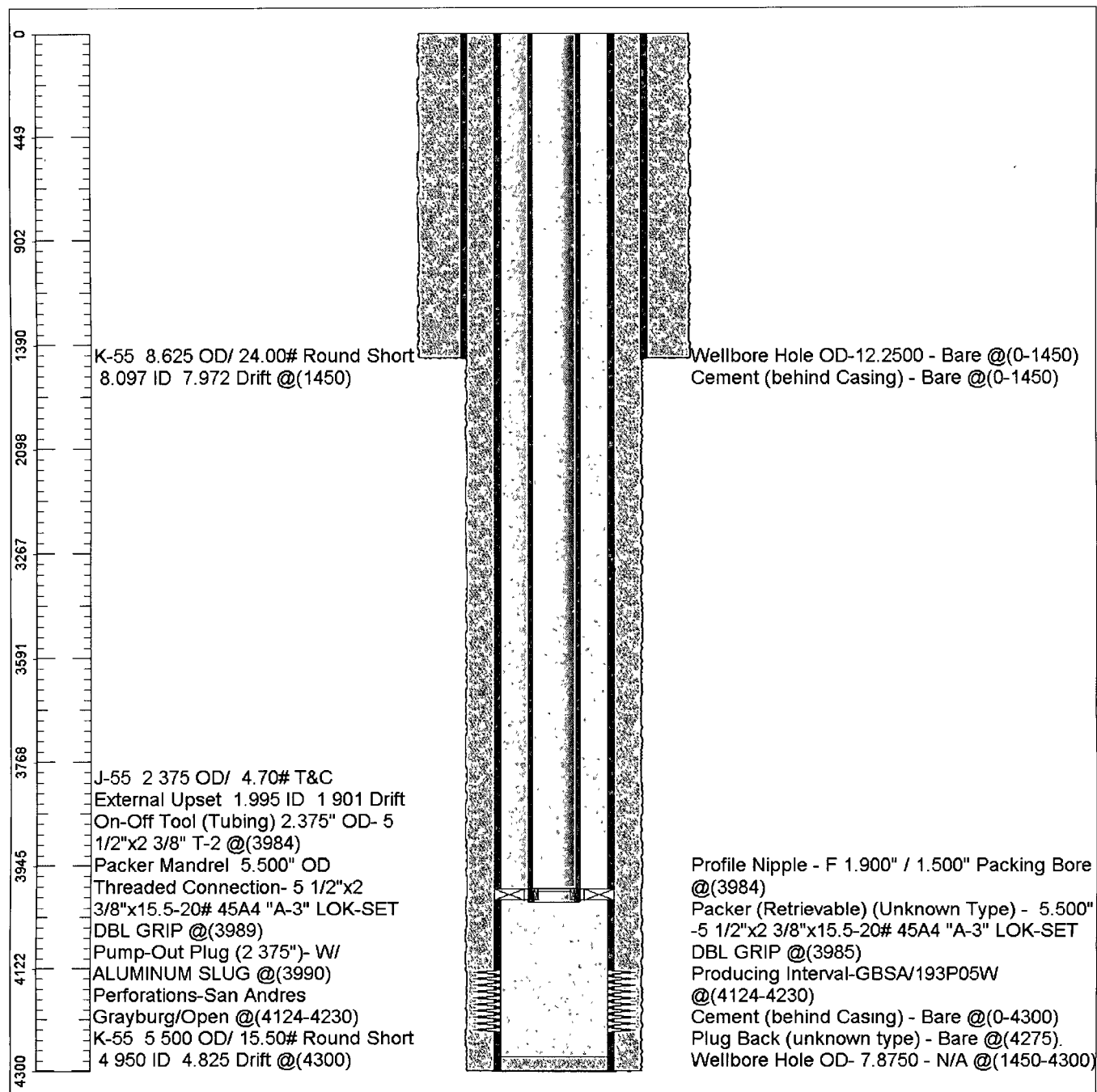
CONDITIONS OF APPROVAL IF ANY

MAR 27 2012



March 21, 2012

Work Plan Report for Well:SHOU-193P05



Survey Viewer