

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

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

**APR 23 2012**

**RECEIVED**

WELL API NO 30-025-26933
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
8. Well No 422
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 Injector <input type="checkbox"/>	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
2. Name of Operator Occidental Permian Ltd.	8. Well No 422
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9 OGRID No 157984
4. Well Location Unit Letter <u>H</u> <u>1550</u> Feet From The <u>Norht</u> <u>1300</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County	10 Pool name or Wildcat Hobbs (G/SA)
11 Elevation (Show whether DF, RKB, RT GR, etc) 3660' 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	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
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: <u>High casing pressure repair</u> <input checked="" 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 packer setting location.

**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.**

**Condition of Approval: notify  
OCD Hobbs office 24 hours**

**Condition of Approval: Notify OCD Hobbs  
office 24 hours prior to 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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/>
SIGNATURE <u>[Signature]</u> TITLE <u>Injection Well Analyst</u> DATE <u>04/20/2012</u>
TYPE OR PRINT NAME <u>Robbie Underhill</u> E-mail address: <u>robbie_underhill@oxy.com</u> TELEPHONE NO <u>806-592-6287</u>

For State Use Only
APPROVED BY <u>[Signature]</u> TITLE <u>Staff NG2</u> DATE <u>4-20</u>

**Condition of Approval:** the operator shall give 24 hour notice to the appropriate District office before work begins.

**APR 23 2012**