Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N French Dr , Hobbs, NM 88240 BS O	CD	WELL API NO.
<u>District II</u> – (575) 748-1283 811 S First St , Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-28884 V
District III = (505) 334-6178	2012 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd , Aztec, NM (140) 1 7 District IV – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa Fe, NM	·	3. 3
87505 PECELV		7. Land Name and Heid Association
	CS AND REPORTS ON WELLS LS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR USE "APPLICAT	TION FOR PERMIT" (FORM C-101) FOR SUCH	Section 29
PROPOSALS)	as Well Other Injector	8. Well Number 342
1. Type of Well: Oil Well 2. Name of Operator	as well Other Injector >	9. OGRID Number: 157984
Occidental Permian Ltd.		9. OGRID Nulliber. 137984
3. Address of Operator		10. Pool name or Wildcat Hobbs (G/SA)
HCR I Box 90 Denver City, TX 7932	3	` '/
4. Well Location		
Unit Letter O: 1230 feet from the South line and 2500 feet from the East line		
Section 29	Township 18S Range 38E	
	1. Elevation (Show whether DR, RKB, RT, GR, etc.)	
	8642' KB	
	,	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTE	ENTION TO:	greund Injection Control Roogram Manual
	PLUG AND ABANDON REMEDIAL WOR	acker shall be set within or less than 160
	CHANGE PLANS COMMENÇE DRI	LLING OPNS. JO PANDA COS CHAIR 100
	MULTIPLE COMPL CASING CASING CASING COMPLETE COMPL	Euppermost injection perfs or open hole.
DOWNHOLE COMMINGLE		
OTHER:	□ OTHER:	П
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recom	pletion.	
1) POOH with inj equip.		
1) POOH with inj equip.2) Clean out to 4160		
3) PB to 4157		
4) Sqz perfs 4136-48	Co	ondition of Approval: notify
5) DO sqz		OCD Hobbs office 24 hours
6) Perforate 4097-4107		
7) Acid treat8) Return well to injection	prior	of running MIT Test & Chart
8) Return wen to injection		_
The Oil Conservati	on Division	

MUST BE NOTIFIE		
Spud Date: Prior to the beginning	of operations Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE Rolle Ulle Title Inject in well Analys DATE 4-16-12		
SIGNATURE NEW DATE 1 16-12		
Type or print name Robbie Underhill E-mail address Robert Underhill of any PHONE: 266-592-6227		
For State Use Only		
5/6/ 1/ 506 mm		
Type or print name Robbie Underhill E-mail address Robert Underhill e. Oxy PHONE: 366-592-6237 For State Use Only APPROVED BY: Conditions of Approval (if only) DATES-24-20/7		
Conditions of Approval (if any):		