

State of New Mexico
Energy, Minerals and Natural Resources Department

HOBBS OCD
JUN 04 2012

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

RECEIVED

WELL API NO
30-025-29098

5 Indicate Type of Lease
STATE ☒ FEE ☐

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 ☐ 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 1260 Feet From The South 200 Feet From The East Line
Section 24 Township 18S Range 37E NMPM Lea County

11 Elevation (Show whether DF, RKB, RT GR, etc)
3662' 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 High Casing Repair <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 proposed completion or recompletion.

1. Kill Well
2. POOH w/injection equipment
3. Determine cause of casing pressure, repair
4. RBIH with injection equipment
5. Test casing and chart for NMOCD
6. Return well to injection

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 Robbie Underhill TITLE Administrative Associate DATE 5-30-12
TYPE OR PRINT NAME Robbie Underhill E-mail address: Robert_Underhill@oxy.com TELEPHONE NO 806-592-6287

For State Use Only
APPROVED BY Mark Whitaker TITLE Compliance Officer DATE 06-06-2012
CONDITIONS OF APPROVAL IF ANY

JUN 07 2012