

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

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

WELL API NO

30-025-26833

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 30

8 Well No 222

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 F

1470

Feet From The

North

1395

Feet From The

West

Line

Section 30

Township 18-S

Range R-38

NMPM

LEA

County

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

3611' RDB

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:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

OTHER High Casing Pressure

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

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 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 Injection Well Analyst

DATE 6-27-2012

TYPE OR PRINT NAME Robbie Underhill

E-mail address.

Robert.Underhill@oxy.com

TELEPHONE NO

806-592-6287

For State Use Only

APPROVED BY

Maley Brown

TITLE

Compliance Officer

DATE

7/5/2012

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

Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.