

HOBBS QCD

State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

## DISTRICT I

1625 N French Dr., Hobbs, NM

## DISTRICT II

1301 W Grand Ave, Artesia, NM 88001

## DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

JUL 02 2012

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

RECEIVED

<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)		WELL API NO 30-025-37152
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>		5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2 Name of Operator Occidental Permian Ltd.		6 State Oil & Gas Lease No
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323		7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24
4 Well Location Unit Letter <u>J</u> <u>2482</u> Feet From The <u>South</u> <u>2599</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County		8 Well No <u>622</u>
11 Elevation (Show whether DF, RKB, RT GR, etc) 3611' RDB		9 OGRID No <u>157984</u>
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 _____		10 Pool name or Wildcat <u>Hobbs (G/SA)</u>

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 <u>Failed MIT Testing</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 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 6-28-2012  
 TYPE OR PRINT NAME Robbie Underhill E-mail address: Robert\_Underhill@oxy.com TELEPHONE NO 806-592-6287

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 APPROVED BY Mark R 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.