

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

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

HOBBS OCD

OIL CONSERVATION DIVISION

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

JUL 06 2012

RECEIVED

WELL API NO 30-025-07417
5 Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6 State Oil & Gas Lease No
7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 28
8 Well No 311
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>	
2 Name of Operator Occidental Permian Ltd.	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4 Well Location Unit Letter <u>B</u> <u>1315</u> Feet From The <u>North</u> <u>2310</u> Feet From The <u>East</u> Line Section <u>28</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3650' DF	
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	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
Multiple Completion <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
OTHER: Failed MIT Testing <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: 11.6 C Packer shall be set within or less than 100 <input type="checkbox"/>

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give the depth of the uppermost injection perforation or open hole. 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. Set CIBP with 35' cement on top
5. Test casing and chart for NMOCD
6. Leave well in TA'D status

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

**The Oil Conservation Division
MUST BE NOTIFIED 24 Hours
Prior to the beginning of operations**

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 6-29-2012
TYPE OR PRINT NAME Robbie Underhill E-mail address: Robert.Underhill@oxy.com TELEPHONE NO 806-592-6287

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 7-9-2012
CONDITIONS OF APPROVAL IF ANY

JUL 09 2012