

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**HOBBS OCD**

**OIL CONSERVATION DIVISION**

**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

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

**JUL 06 2012**

**RECEIVED**

WELL API NO 30-025-12514 ✓	
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 <b>South</b> <del>North Hobbs (G/SA) Unit</del> Section 4	
8 Well No	42 ✓
9 OGRID No	157984 ✓
10 Pool name or Wildcat	Hobbs (G/SA)

<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)	
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>L</u> <u>1980</u> Feet From The <u>South</u> <u>330</u> Feet From The <u>West</u> Line <u>✓</u> Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3614' GL	
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	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: <u>Failed MIT Testing</u> <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Per Underground Injection Control Program Manual</u> <u>11.6 C Packer shall be set within or less than 100</u> <input type="checkbox"/>

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and if the well is to be plugged, state the reason for plugging 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 equipment
5. Test casing and chart for NMOCD
- 6 Return Well to Injection

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

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

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 ☐

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 DATE 7-9-2012

CONDITIONS OF APPROVAL IF ANY

**JUL 09 2012**