

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

JUL 06 2012

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

DISTRICT II
1301 W Grand Ave, Artesia, NM 88210

RECEIVED

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO 30-025-27138
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 19
8 Well No 142
9 OGRID No 157984
10 Pool name or Wildcat Hobbs (G/SA)

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>M</u> <u>1200</u> Feet From The <u>South</u> <u>1300</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County
11 Elevation (Show whether DF, RKB, RT GR, etc) 3659' 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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ Multiple Completion ☐
OTHER: Failed MIT Testing ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ PLUG & ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: **Condition of Approval: notify** ☐

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent data, including estimated date of starting any proposed work) SEE RULE 1103. For Multiple Completions. Attach wellbore diagram of proposed completion or recompletion.

**OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

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

Per Underground Injection Control Program Manual
11.6 C Packer shall be set within or less than 100
feet of the uppermost injection perfs or open hole.

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