

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

FILE IN TRIPLICATE

JUL 16 2012**CONSERVATION DIVISION**1220 South St. Francis Dr.
Santa Fe, NM 87505**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

RECEIVED

WELL API NO. 30-025-07481
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6 State Oil & Gas Lease No
7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 30
8 Well No. 131
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>1</u> <u>2310</u> Feet From The <u>South</u> <u>330</u> Feet From The <u>West</u> Line <input checked="" type="checkbox"/> Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County
11 Elevation (Show whether DFL, RKB, RTGR, etc) 3656' 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 _____ ml 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"/>	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: _____ <input type="checkbox"/>		OTHER: <u>Coiled tubing job</u> <input checked="" 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 RU coiled tubing unit.
- 2 RHI & clean out to 4255' Circulate clean.
- 3 Wash perms from 4210-4270 w/1500 gal of 15% NEFE HCL acid Circulate clean
- 4 POOH and RD coiled tubing unit.
5. Return well to injection.

RU 06/05/2012

RD 06/05/2012

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 NMOCID guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 07/11/2012
TYPE OR PRINT NAME Mendy A. Johnson E-mail address mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr DATE 7-17-2012
CONDITIONS OF APPROVAL IF ANY _____**JUL 17 2012**