

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

OIL CONSERVATION DIVISION

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

AUG 10 2012

WELL API NO 30-025-20167
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 9
8 Well No 90
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>	7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 9
2 Name of Operator Occidental Permian Ltd.	8 Well No 90
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	9 OGRID No 157984
4 Well Location Unit Letter <u>O</u> <u>890</u> Feet From The <u>South</u> <u>1650</u> Feet From The <u>East</u> Line Section 9 Township 19-S Range 38-E NMPM LEA County	10 Pool name or Wildcat Hobbs (G/SA)
11 Elevation (Show whether DF, RKB, RT GR, etc) 3611' RDB	
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"/> 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 JOBS <input type="checkbox"/>
OTHER <u>FAILED MIT TESTING</u> <input checked="" type="checkbox"/>	OTHER <u>11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfor or open hole.</u> <input type="checkbox"/>

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give to the down, including estimated date of starting and 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. Leave well in TA'D status

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 plan ☐

SIGNATURE [Signature] TITLE Injection Well Analyst DATE 6-20-2012
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 Dist. Mgr DATE 8-15-2012

Condition of Approval: The operator shall give 24 hour notice to the appropriate District office before work begins

Conditions of Approval: Notify OCD District office 24 hours prior to running the TA Pressure Test.

AUG 10 2012