

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

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

DISTRICT II
1301 W Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

HOBBS OCD

AUG 21 2012

RECEIVED

WELL API NO. 30-025-34373
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 33
8 Well No 534
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 ☐ Gas Well ☐ Other ☒ Injector

2 Name of Operator
Occidental Permian Ltd.

3 Address of Operator
HCR 1 Box 90 Denver City, TX 79323

4. Well Location
Unit Letter J 2415 Feet From The South Line 2200 Feet From The East Line
Section 33 Township 18-S Range 38-E NMPM Lea County

11 Elevation (Show whether DF, RKB, RT GR, etc.)
3648' KB

Pit or Below-grade Tank Application ☐ or Closure ☐
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"/>
OTHER Coiled tubing job <input checked="" type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input 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 Clean out well
- 3 Acid treat with 2000 gal of 15% NEFE HCL
- 4 POOH w/coil tb unit
- 5 Test csg and chart for NMOCD
- 6 Return to Inj

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 7-16-12
TYPE OR PRINT NAME Robbie Underhill E-mail address Robert_Underhill@oxy.com TELEPHONE NO 806-592-6287

For State Use Only APPROVED BY Mack Whitaker TITLE Compliance Officer DATE 08-22-2012

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

CONDITION OF APPROVAL: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.

AUG 22 2012