

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 30-025-34994 ✓	
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 33 ✓	
8 Well No. 631 ✓	
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>	
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>B</u> <u>490</u> Feet From The <u>North</u> Line <u>2325</u> Feet From The <u>East</u> Line ✓ Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM: <u>Lea</u> County	
11 Elevation (Show whether DF, RKB, RTGR, etc ) 3648' KB	
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 JOB <input type="checkbox"/>	
OTHER. <u>Coiled tubing job</u>	<input checked="" 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 thg 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: Rober\_Underhill@oxy.com TELEPHONE NO: 806-592-6287

For State Use Only  
APPROVED BY Maab Underhill 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