Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161 1625 N French Dr , Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 8821 HOBBS	OCP OIL CONSERVATION DIVISION	30-025-05436 5. Indicate Type of Lease
District III – (505) 334-6178	1220 South St. Francis Dr.	STATE FEE
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> – (505) 476-3460 SEP 1 1220 S St Francis Dr , Santa Fe, NM 87505	9 2012 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTEO (DO NOT USE THIS FORM FOR PROPOS	ENEAND REPORTS ON WELLS ALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit / Section 13
1. Type of Well: Oil Well	Gas Well X Other Injector	8. Well Number 241
2. Name of Operator Occidental Permian Ltd.		9. OGRID Number: 157984
3. Address of Operator HCR 1 Box 90 Denver City, TX 79:	323	10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location		
Unit Letter N: 660 feet from the South line and 1980 feet from the West line Section 13 Township 18S Range 37E NMPM Lea County		
Section 13	Township 18S Range 37 11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3660.8 GL		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INPERFORM-REMEDIAL-WORK TEMPORARILY ABANDON PULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON REMEDIAL WOR	ILLING OPNS. P AND A
OTHER:	OTHER:	
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
1) POOH with inj equip. 2) Deepen well to 4360' 3) Run pkr. Set at 4100' 4) Acidize with 1500 gallons 5) RIH with injection packer 6) Return well to injection Conditions of Approval: The Operator shall give the OCD District office 24 hours notice before work begins CONDITION OF APPROVAL: Notify OCD Hobbs Office 24 hours prior to running MIT Test & Chart.		
This well was approved (8/7/06) for the injection of water, CO2, and produced gas in accordance with Order No. R-6199-B (10/22/01).		
Spud Date.	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE RULL TITLE Injection Well Analyst DATE 9/5/2012		
Type or print name Robbie Underhill E-mail address: Robert Underhill@oxy.com PHONE: 806-592-6287		
For State Use Only		
APPROVED BY: DATE 7-1/-LOJZ Conditions of Approval of anyx:		