

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 OCS
100 South St. Francis Dr.
Santa Fe, NM 87505

OCT 05 2012

RECEIVED

WELL API NO 30-025-26933
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 25
8 Well No 422
9 OGRID No 157984
10 Pool name or Wildcat Hobbs (G/SA)
11 Elevation (Show whether DF, RKB, RT GR, etc) 3660' DF

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> <input checked="" type="checkbox"/>	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>H</u> <u>1550</u> Feet From The <u>North</u> <u>1300</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County
5 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>High Casing Pressure</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. Kill Well
2. Pressure test casing
3. Determine cause of casing pressure and repair
4. Secure well and rig down
5. Test casing and chart for NMOCD
6. Return well to injection

Per Underground Injection Control Program Manual

11.6 C Packer shall be set within or less than 100 feet of the uppermost injection perfs or open hole.

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 9-25-2012
TYPE OR PRINT NAME Robbie Underhill E-mail address: Robert.Underhill@oxv.com TELEPHONE NO 806-592-6287

For State Use Only
APPROVED BY [Signature] TITLE Dist. Mgr DATE 10-10-2012

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.

OCT 10 2012

Wellbore Diagram : NHSAU 422-25

