

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

OCT 05 2012

RECEIVED

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)		WELL API NO 30-025-37101
1 Type of Well Oil Well ☐ Gas Well ☐ Other ☒ Injector		5 Indicate Type of Lease STATE ☒ FEE ☐
2 Name of Operator Occidental Permian Ltd.		6 State Oil & Gas Lease No
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323		7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 24
4 Well Location Unit Letter <u>B</u> <u>1268</u> Feet From The <u>NORTH</u> <u>1455</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County		8 Well No <u>637</u>
11 Elevation (Show whether DF, RKB, RT GR, etc) 3671' DF		9 OGRID No <u>157984</u>
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 _____		10 Pool name or Wildcat <u>Hobbs (G/SA)</u>

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG & ABANDONMENT ☐
PULL OR ALTER CASING ☐	Multiple Completion ☐	CASING TEST AND CEMENT JOB ☐	
OTHER: <u>High Casing Pressure</u> ☒		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 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@oxy.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.

Wellbore Diagram : NHSAU 637-24

