

State of New Mexico  
Energy, Minerals and Natural Resources Department  
**HOBBS OCD**

Form C-103  
Revised 5-27-2004

FILE IN TRIPPLICATE

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

**JUN 06 2013** 1220 South St. Francis Dr.  
Santa Fe, NM 87505

**RECEIVED**

WELL API NO. 30-025-07481	✓
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 30	
8. Well No. 131	
9. OGRID No. 157984	
10. Pool name or Wildcat Hobbs (G/SA)	

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <b>Injector</b> <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>L</u> : <u>2310</u> Feet From The <u>South</u> <u>330</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County	
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3656' GL	
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"/>	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: <u>High Casing Pressure</u> <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	OTHER: _____ <input type="checkbox"/>
Multiple Completion <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. POOH with injection equipment
3. Repair cause of casing pressure
4. RBIH with injection equipment
5. Test casing and chart for NMOCD
6. Return well to injection

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 5-15-2013

TYPE OR PRINT NAME Robbie Underhill E-mail address: Robert\_Underhill@oxy.com TELEPHONE NO. 806-592-6287

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APPROVED BY Mark White TITLE Compliance Officer DATE 06-07-2013

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.