

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

NMOCSD

JUN 21 2013

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

WELL API NO. 30-025-07623
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 South Hobbs (G/SA) Unit
8. Well No. 40
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED
(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 Gas Well Other Injector

2. Name of Operator: Occidental Permian Ltd.

3. Address of Operator: HCR 1 Box 90 Denver City, TX 79323

4. Well Location: Unit Letter K : 1980 Feet From The South 1980 Feet From The West Line
Section 20-5 Township 19-S Range 38-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RTGR, etc.)
3629' KB

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 _____

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: Failed MIT Testing <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Per Underground Injection Control Program Manual</u> <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.

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

- Kill Well
- POOH with injection equipment
- Repair cause of casing pressure
- RBH with injection equipment
- Test casing and chart for NMOCD
- Return well to injection

**The Oil Conservation Division
MUST BE NOTIFIED 24 Hours**

**Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart**

Prior to the beginning of operations

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

For State Use Only

APPROVED BY [Signature] TITLE Director DATE 6-26-2013

CONDITIONS OF APPROVAL, IF ANY:

JUN 26 2013