

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88249
DISTRICT II
1301 W. Grand Ave, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

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

HOBBS OCD
JUN 03 2014

WELL API NO. 30-025-05484
5. Indicate Type of Lease
STATE FEE
6. State Oil & Gas Lease No.

SUNDRY RECEIVED 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.)

7. Lease Name or Unit Agreement Name
North Hobbs (G/SA) Unit Section 24

1. Type of Well: Oil Well Gas Well Other Injector

8. Well No. 131

2. Name of Operator
Occidental Permian Ltd.

9. OGRID No. 157984

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

10. Pool name or Wildcat Hobbs (G/SA)

4. Well Location
Unit Letter L : 2310 Feet From The SOUTH 1315 Feet From The WEST Line
Section 24 Township 18-S Range 37-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3671' GR

Pit or Below-grade Tank Application or Closure
Pit Type DF 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: Failed MIT Testing <input 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.

- RUPU&RU.
- ND wellhead/NU BOP.
- Determine failure and repair.
- RBIH with injection packer and equipment
- ND BOP/NU wellhead.
- Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
- RDPU & RU. Clean location and return well to injection

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

**Condition of Approval: notify
OCD Hobbs office 24 hours**

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prior of running MIT Test & Chart I, the undersigned, hereby certify that the above information is true and correct to the best of my knowledge and belief, and that no fraud or deception has been/will be constructed or closed according to NMOCD guidelines a general permit or an (attached) alternative OCD-approved plan

SIGNATURE [Signature] TITLE Injection Well Analyst DATE 5-29-14
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. Supervisor DATE 6/6/2014
CONDITIONS OF APPROVAL IF ANY _____

JUN 09 2014