

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

HOBBS OCD OIL CONSERVATION DIVISION

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

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

JUN 03 2014

DISTRICT II
1301 W. Grand Ave. Artesia, NM 88210

RECEIVED

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-37101
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 24
8. Well No. 637
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEIN 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 B : 1268 Feet From The North 1455 Feet From The EAST Line
Section 24 Township 18-S Range 37-E NMPM LEA County

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

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"/>	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 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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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 for 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

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APPROVED BY [Signature] TITLE Dist Supervisor DATE 6/6/2016
CONDITIONS OF APPROVAL IF ANY _____

JUN 09 2014