

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

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

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

HOBBS OCD

WELL API NO.  
30-025-~~09098~~ 29098

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit  
Section 24

OCT 08 2014  
RECEIVED

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other Injector ☒

8. Well No. 442

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 P : 1260 Feet From The South 200 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.)  
3676' 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ Multiple Completion ☐

OTHER: Failed MIT Testing ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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. RUPU&RU.
2. ND wellhead/NU BOP.
3. Determine failure and repair.
4. RBIH with injection packer and equipment
5. ND BOP/NU wellhead.
6. Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
7. 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

I hereby certify that the above information is true and correct 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 10-7-14

TYPE OR PRINT NAME Robbie Underhill

E-mail address: Robert\_Underhill@oxy.com

TELEPHONE NO. 806-592-6287

For State Use Only

APPROVED BY

*Mary Brown*

TITLE

*Dist. Supervisor*

DATE

*10/9/2014*

CONDITIONS OF APPROVAL IF ANY

OCT 09 2014

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