

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

WELL API NO.
30-025-12783

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 23

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other ☒ Injector

8. Well No. 411

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 A : 330 Feet From The North 330 Feet From The East Line
Section 23 Township 18-S Range 37-E NMPM LEA County

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3687' 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.

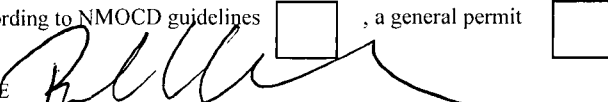
1. RUPU&RU.
2. ND wellhead/NU BOP.
3. Determine failure and repair.
4. RBUH with injection packer and equipment
5. ND BOP/NU wellhead.
6. Test casing to 600 PSI for 30 minutes and chart for the NMOCD.
7. RDPU & RU. Clean location and return well to injection

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

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



TITLE Injection Well Analyst

DATE 3-6-15

TYPE OR PRINT NAME

Robbie Underhill

E-mail address:

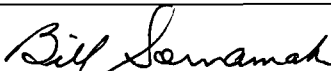
Robert_Underhill@oxy.com

TELEPHONE NO.

806-592-6287

For State Use Only

APPROVED BY



TITLE

Staff Manager

DATE

3-18-2015

CONDITION OF APPROVAL: Operator shall give the OCD
District Office 24 hour notice before running the MIT test and chart.

MAR 18 2015

