

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

1220 South St. Frank Hobbs OGD
Santa Fe, NM 87505

MAY 07 2015

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. 30-025-05484
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. 131
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> 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 <u>L</u> : <u>2310</u> Feet From The <u>South</u> <u>1315</u> Feet From The <u>West</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County

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

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: High Casing Pressure <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

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: Robb Underhill TITLE Injection Well Analyst DATE 5-5-15
TYPE OR PRINT NAME Robb Underhill E-mail address: Robert_Underhill@oxy.com TELEPHONE NO. 806-592-6287

For State Use Only
APPROVED BY: Malay Brown TITLE Dist. Supervisor DATE 5/11/2015

CONDITION OF APPROVAL: Notify OCD DISTRICT OFFICE 24 HOURS prior to STARTING THE WORKOVER...
CONDITION OF APPROVAL: Operator shall give the OCD District Office 24 hour notice before running the MIT test and chart.

MAY 12 2015