

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N French Dr, Hobbs, NM 87401  
District II  
1301 W Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S St Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**RECEIVED**  
OIL CONSERVATION DIVISION  
MAY 05 2009  
HOBBSOCD  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
May 27, 2004

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| <b>WELL API NO.</b><br>30-025-05498 ✓  |  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>  |  |
| 6. State Oil & Gas Lease No.   |  |
| 7. Lease Name or Unit Agreement Name:<br>North Hobbs G/SA Unit ✓   |  |
| 8. Well Number<br>231 ✓  |  |
| 9. OGRID Number<br>157984 ✓  |  |
| 10. Pool name or Wildcat<br>Hobbs; Grayburg - San Andres ✓   |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>WIW</u> ✓   |  |
| 2. Name of Operator<br>Occidental Permian Limited Partnership ✓  |  |
| 3. Address of Operator<br>P.O. Box 4294, Houston, TX 77210-4294  |  |
| 4. Well Location<br>Unit Letter <u>K</u> : <u>2310</u> feet from the <u>South</u> line and <u>2310</u> feet from the <u>West</u> line<br>Section <u>25</u> Township <u>18-S</u> Range <u>37-E</u> NMPM County <u>Lea</u> ✓ |  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3670' DF   |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>   |  |
| Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____   |  |
| Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____  |  |

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|--|--|
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data              |  |
| <b>NOTICE OF INTENTION TO:</b>   | <b>SUBSEQUENT REPORT OF:</b>   |
| 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 AND 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: <input type="checkbox"/>  | OTHER: Commence Injection After Workover <input checked="" 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.

Subject well commenced injection on 4/1/09 - the well had been shut-in since the RTI procedure (12/5/08 - 1/7/09); see attached copy of previously approved C-103 (2/12/09).

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 Mark Stephens TITLE Regulatory Compliance Analyst DATE 5/4/09

Type or print name Mark Stephens E-mail address: Mark\_Stephens@oxy.com Telephone No. (713) 366-5158

For State Use Only

APPROVED BY [Signature] TITLE DISTRICT 1 SUPERVISOR DATE MAY 11 2009

Conditions of Approval, if any