State of Nour Movie

FILE IN TRIPLICATE RECENTED NSERVATION DIVISION	Revised 5-27-2004
DISTRICT I 1625 N. French Dr., Hobbs, NM 88240 JUN 15 ZUIU Santa Fe, NM 87505	WELL API NO 30-025-07526
DISTRICT II	5 Indicate Type of Lease
1501 w. Oranu Ave, Artesia, NW 66210	STATE FEE X
DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410	6. State Oil & Gas Lease No
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.)	Section 32
1 Type of Well	8 Well No. 112 /
Oil Well Gas Well Other Injector	V
2 Name of Operator	9. OGRID No. 157984
Occidental Permian Ltd	10. Pool name or Wildcat Hobbs (G/SA)
HCR 1 Box 90 Denver City, TX 79323	
4 Well Location	
Unit Letter E : 1370 Feet From The North 330 Feet	From The West Line 🗸
Section 32 Township 18-S Range 37-E	NMPM Lea County
11. Elevation (Show whether DF, RKB, RT GR, etc.)	
3632' GL	
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 ThicknessmilBelow-Grade Tank: Volumebbls; Construction Mat	
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12. Check Appropriate Box to Indicate Nature of Notice, Report, or C NOTICE OF INTENTION TO: SUBS	Other Data SEQUENT REPORT OF:
	ALTERING CASING
	NS. PLUG & ABANDONMENT
PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMEN	тјов
OTHER: Clean out/Plug back/Acid Treat X OTHER:	
<ol> <li>Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed c</li> <li>Kill well. POOH w/injection equipment</li> </ol>	
2. Clean out to PBTD @4207'.	
<ol> <li>Dump bail cement to new PBTD @4200'.</li> <li>Acid treat well w/1764 gal of 15% NEFE acid.</li> </ol>	
5. Perform scale squeeze.	
6. Run back in hole with dual injection packers	
<ol> <li>7. Test casing and chart for the NMOCD.</li> <li>8 Return well to injection.</li> </ol>	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify the	hat any nit or helow-grade tank has been/will be
constructed or	
closed according to NMOCD guidelines , a general permit or an (attached) alternative	OCD-approved
SIGNATURE Mendy a Short TITLE Administrative	Associate
TYPE OR PRINT NAME Mendy . Johnson E-mail address: <u>mendy_johnson@oxy.com</u>	TELEPHONE NO. 806-592-6280
For State Use Only	Line JUN 16 2010
APPROVED BY	DATE

CONDITIONS OF APPROVAL IF ANY.

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P.m.

Form C-103 Revised 5-27-2004

State of New Mexico	
Energy, Minerals and Natural Resources Department	