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Submit 3 Copies To Appropriate District State of New Me Office Energy, Minerals and Natu District I 1625 N. French Dr., Hobbs, NM 87240	ral Resources Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240	WELL API NO.
1301 W. Grand Ave., Artesia, NM88210	N DIVISION 30-025-05491 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 South St. Fra Santa Fe, NM 8	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WEL	LS 7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10	DR PLUG BACK TO A
PROPOSALS.)	North Hobbs G/SA Unit
1. Type of Well:       Oil Well       Gas Well       Other       WIW	8. Well Number
2. Name of Operator	9. OGRID Number
Occidental Permian Ltd. /	157984 10. Pool name or Wildcat
P.O. Box 4294, Houston, TX 77210-4294	Hobbs: Grayburg-San Andres
4. Well Location	
Unit Letter D : feet from the Nor	th line and 660 feet from the West line
	Range 37-E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3675' DF	
12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
12. Check Appropriate Box to indicate	nature of nonce, report, of other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK  PLUG AND ABANDON REMEDIAL WORK ALTERING CASING	
TEMPORARILY ABANDON	
PULL OR ALTER CASING  MULTIPLE COMPL	CASING/CEMENT JOB
OTHER:       OTHER:       Commence       Injection       X         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.	
See Attached	
Spud Date: Rig Relea	ase Date:
I hereby certify that the information above is true and complete to the	best of my knowledge and belief $PMX - 2.61$
SIGNATURE Mark Stephene TITLE Regulatory Compliance Analyst DATE 5/25/11 Mark Stephens@oxy.com	
Type or print name <u>Mark Stephens</u> E-mail address: PHONE (713) 366-5158	
For State Use Only	
APPROVED BY Contraction TITLE STAR MGE DATES-26-2011	
Conditions of Approval (if any):	
	$\checkmark$

4/29/11 - 5/3/11:

MI x RU. ND WH x NU BOP. RIH with 4-1/2" Arrow Set 1-X injection packer on 130 jts. 2-3/8" Duoline 20 injection tubing (packer set at 4280; top perf is at 4340'). Test casing to 600 psi x 30 min. x held. Circulate well with 120 bbls 10# packer fluid. ND BOP x NU WH. Run MIT - held 645 psi x 30 min. (test witnessed by Mark Whitaker of the NMOCD). RD x MO x clean location. Turn well over to injection.

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5/24/11: Commence injection.



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