

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires July 31, 1996

SUNDRY NOTICES AND REPORTS

Oil Cons. Division

1625 N. French Dr.

Hobbs NM 88240

Do not use this form for proposals to drill on to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

Injection Well

2. Name of Operator

Occidental Permian Limited Partnership

Attn: Mark Stephens, 338-B. WL2

3a. Address

P.O. Box 4294, Houston, TX 77210-4294

3b. Phone No. (include area code)

(281) 552-1158

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1450' FSL x 469' FWL, Letter L, Sec. 29, T-18-S, R-38-E

5. Lease Serial No.

LC-032233(A)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

North Hobbs G/SA No. 813 Unit

9. API Well No.

30-025-34871

10. Field and Pool, or Exploratory Area

Hobbs; Grayburg-San Andres

11. County or Parish, State

Lea Co.

NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☒ Notice of Intent

☐ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Acidize

☐ Deepen

☐ Production (Start/Resume)

☐ Water Shut-Off

☐ Alter Casing

☐ Fracture Treat

☐ Reclamation

☐ Well Integrity

☐ Casing Repair

☐ New Construction

☐ Recomplete

☒ Other Convert well

☐ Change Plans

☐ Plug and Abandon

☐ Temporarily Abandon

to CO2 and water

☐ Convert to Injection

☐ Plug Back

☐ Water Disposal

injection

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Convert subject well to a water and CO2 injector as follows:

- 1) RIH x drill out 5-1/2" CIBP set at 4050' (well currently TxA'd)
- 2) Run injection equipment
- 3) Circulate hole with packer fluid
- 4) Notify NMOCD x pressure test well
- 5) Commence injection

SUBJECT TO
ATTACHED ~~THE~~ APPROVAL
BY NMOCD

Subsequent Report Of Conversion To WW
Required After Work Has Been Completed.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Mark Stephens

Title

Regulatory Compliance Analyst

Date

1/28/03

Approved by

JAN 31 2003

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse)

GWW

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.	30-025-34871
5. Indicate Type of Lease	FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	NORTH HOBBS (G/SA) UNIT
8. Well No.	813
9. Pool name or Wildcat	HOBBS (G/SA)

SUNDRY NOTICES AND REPORTS ON WELLS

(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.)

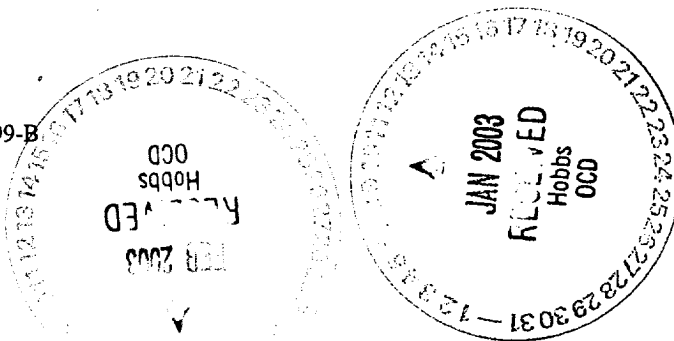
1. Type of Well:	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other TA'd <input type="checkbox"/>
2. Name of Operator	Occidental Permian Ltd.
3. Address of Operator	1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200
4. Well Location	Unit Letter L : 1450 Feet From The SOUTH Line and 469 Feet From The WEST Line Section 29 Township 18S Range 38E NMPM LEA County
10. Elevation (Show whether DF, RKB, RT GR, etc.)	3644 GL

11. 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"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Convert to CO2 and Water Injection <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

12. 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.

1. Drill out plug at 4050.
2. Run injection equipment.
3. Circulate packer fluid and notify NMOCD of packer test.

Injection permit per Admin Order PMX-219 and Division Rule R-6199-B



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE PROD ENGR DATE 1/10/03
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

(This space for State Use)

APPROVED BY GARY W. WINK TITLE QC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JAN 14 2003
CONDITIONS OF APPROVAL IF ANY: