

Office  
District I  
125 N. French Dr., Hobbs, NM 87240  
District II  
101 W. Grand Ave., Artesia, NM 88210  
District III  
100 Rio Brazos Rd., Aztec, NM 87410  
District IV  
120 S. St. Francis Dr., Santa Fe, NM  
87505

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO.

30-025-07521

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name:

North Hobbs G/SA Unit

8. Well Number

231

9. OGRID Number

157984

10. Pool name or Wildcat

Hobbs; Grayburg-San Andres

## 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.)

Type of Well:

Oil Well ☒ Gas Well ☐ Other

Name of Operator

Occidental Permian Ltd.

Address of Operator

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

Well Location

Unit Letter K; 2310 feet from the South line and 2310 feet from the West lineSection 32 Township 18-S Range 38-E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3649' GR

## 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

FORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☒ CHANGE PLANS ☐  
WELL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
WELLHOLE COMMINGLE ☐

OTHER: Set additional CIBP in 7" casing

☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

3. 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.

Form C-103 filed to amend previously approved TxA procedure. In addition to the 4-1/2" CIBP set  
at 3800', an additional 7" CIBP will be set at +/- 3690' and capped with 35' of cement.

CONDITIONS OF APPROVAL

IF WELL IS P/A'd. CIBP @ 3690' +/-  
WILL BE REMOVED. LINER TOP WILL BE  
COVERED WITH CMT. MGS.

Release Date: 

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

SIGNATURE Mark Stephens TITLE Regulatory Compliance Analyst DATE 12/12/12

Mark\_Stephens@oxy.com

Name or print name Mark Stephens E-mail address: Mark\_Stephens@oxy.com PHONE (713) 366-5158

For State Use Only

APPROVED BY Mark Stephens TITLE Compliance Officer DATE 12/12/2012

Conditions of Approval (if any):

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                                                                                                                                                                                                 |  |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><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.)   |  | WELL API NO.<br>30-025-07521                                                                        |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> <b>HOBBS OCD</b>                                                                 |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator<br>Occidental Permian Ltd.                                                                                                                                                                  |  | 6. State Oil & Gas Lease No.                                                                        |
| 3. Address of Operator<br>2611 Plains Hwy, Denver City, TX 79323                                                                                                                                                |  | 7. Lease Name or Unit Agreement Name<br>North Hobbs (G/SA) Unit<br>Section 32                       |
| 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>32</u> Township <u>18S</u> Range <u>38E</u> NMPM Lea County |  | 8. Well Number 231                                                                                  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3649' GR                                                                                                                                                  |  | 9. OGRID Number: 157984                                                                             |
|                                                                                                                                                                                                                 |  | 10. Pool name or Wildcat Hobbs (G/SA)                                                               |

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 checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/>     | COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/>         |
| PULL OR ALTER CASING <input type="checkbox"/>           | MULTIPLE COMPL. <input type="checkbox"/>  | CASING/CEMENT JOB <input type="checkbox"/>       |                                          |
| DOWNHOLE COMMINGLE <input type="checkbox"/>             |                                           |                                                  |                                          |
| OTHER: <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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 1) POOH with prod equip.
- 2) Clean out to 3876'
- 3) Set CIBP at 3800'. Cap with 35' of cmt.
- 4) Run MIT
- 5) Well is TA

Condition of Approval: Notify OCD Hobbs  
office 24 hours prior to running MIT Test & Chart

Spud Date:

Rig Release Date:

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

SIGNATURE Steve Sneed TITLE Lift Specialist DATE 8/8/12

Type or print name Steve Sneed E-mail address steve\_sneed@oxy.com PHONE: 806-592-6312

For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr DATE 8-13-2012  
Conditions of Approval (if any):

AUG 14 2012

# Wellbore Diagram : NHSAU 231-32

