

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I  
1625 N French Dr, Hobbs, NM 88240

1220 South St. Francis Dr.  
Santa Fe, NM 87505

DISTRICT II  
1301 W Grand Ave, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

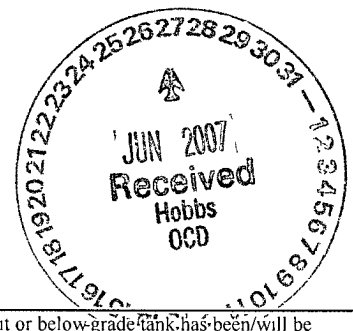
WELL API NO	30-025-07362
5 Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6 State Oil & Gas Lease No	
7 Lease Name or Unit Agreement Name	North Hobbs (G/SA) Unit Section 19
8 Well No	231
9 OGRID No	157984
10 Pool name or Wildcat	Hobbs (G/SA)

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 G-101) for such proposals)	
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	
2 Name of Operator Occidental Permian Ltd.	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4 Well Location Unit Letter <u>K</u> <u>2310</u> Feet From The <u>South</u> <u>2310</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11 Elevation (Show whether DF, RKB, RT GR, etc ) 3655' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

12. 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"/> Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <u>Squeeze/Perforate/AT/Upgrade Wellhead</u> <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Kill well. Pull injection equipment.
2. Plug back to 4180'.
3. Set CICR @±4020'. Squeeze perfs.
4. Drill out squeeze & test to 1000 PSI. Clean out to 4300'.
5. Acid treat well with 2000 gal of 15% HCL acid & 500# of gelled rock salt block.
6. Run CCL/GR log.
7. Perforate well.
8. Run back in hole with injection equipment.
9. Test casing and chart for the NMOCD.
10. Return well to injection.



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 Mendy A. Johnson TITLE Administrative Associate DATE 06/26/2007  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO 806-592-6280

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APPROVED BY Harry W. Wink TITLE STATE FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 28 2007  
CONDITIONS OF APPROVAL IF ANY