

State of New Mexico
RECEIVED
 OIL CONSERVATION DIVISION

Form C-103
 Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I
 1625 N. French Dr., Hobbs, NM 88240

DISTRICT II
 1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III
 1000 Rio Brazos Rd, Aztec, NM 87410

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

HOBBS OCD

WELL API NO. 30-025-28332 ✓
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 South Hobbs G/SA Unit Section 3 ✓
8 Well No. 128 ✓
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 C-101) for such proposals.)	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>	
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>D</u> : <u>335</u> Feet From The <u>North</u> <u>520</u> Feet From The <u>West</u> Line Section <u>3</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3629' KB	
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"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
Multiple Completion <input type="checkbox"/>	OTHER: <u>Cleanout/OAP/Acid treat</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.

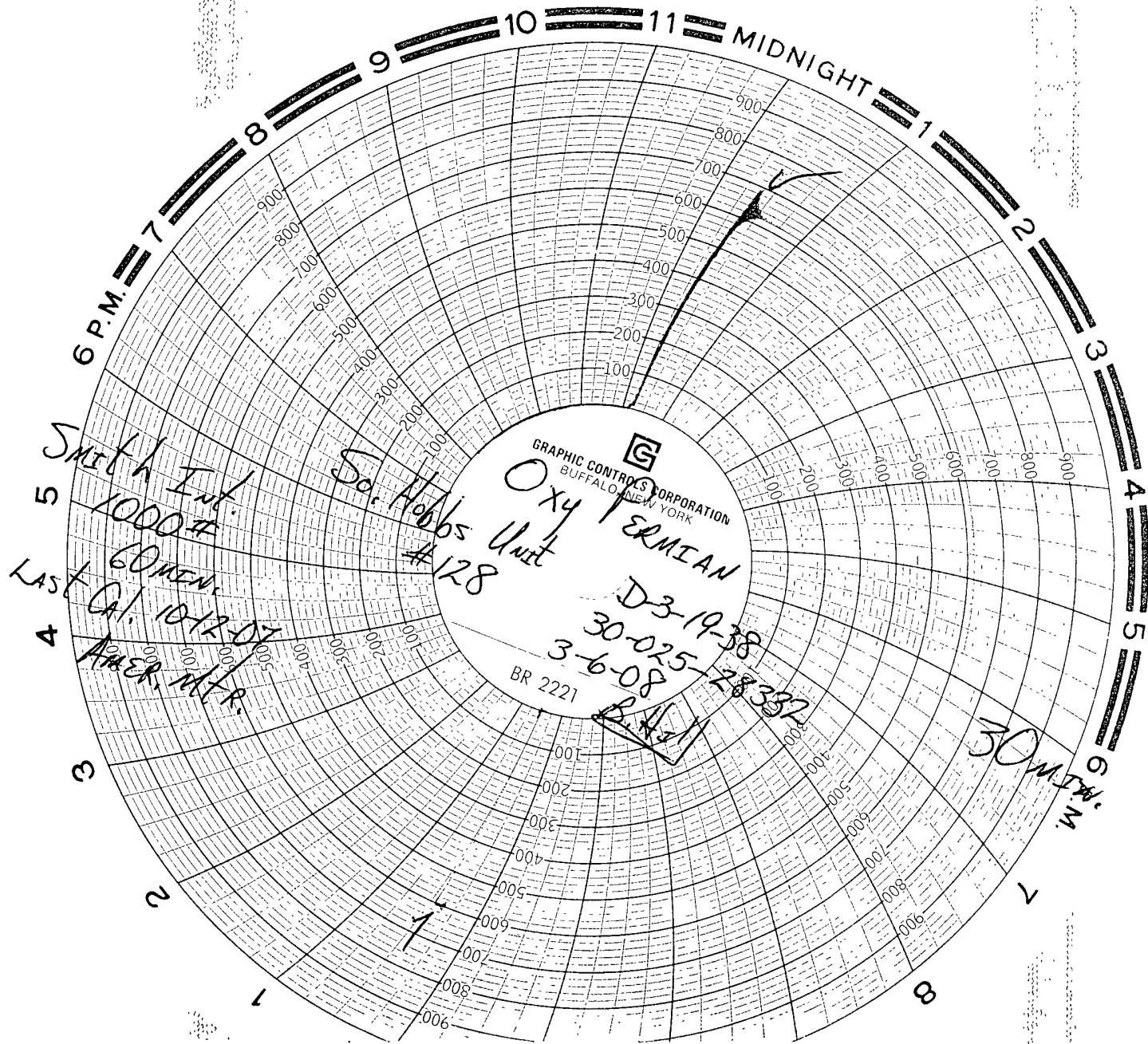
1. RUPU & RU. ND wellhead/NU BOP
2. POOH w/injection tubing & packer.
3. RIH w/bit & drill collars. Tag @4285'
4. RU power swivel Drill on junk Could not clean out past 4289'. RD power swivel.
5. POOH w/bit & drill collars.
6. RIH w/PPI packer set @4000'. RU HES & acid treat persf 4204-68, 4132-4197' w/2500 gal of acid. RD HES. POOH w/PPI packer.
7. RIH w/Uni-6 packer on 125 jts of 2-3/8" IPC tubing. Packer set @3958'
8. ND BOP/NU wellhead & flowline.
9. Test casing to 620# and chart for the NMOCD.
10. RDPU & RU. Clean location.

RUPU 02/22/08 RDPU 03/06/08

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 04/10/2008
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only
 APPROVED BY Chris Wellen OC DISTRICT SUPERVISOR/GENERAL MANAGER TITLE _____ DATE APR 25 2008
 CONDITIONS OF APPROVAL IF ANY:




 GRAPHIC CONTROLS CORPORATION
 BUFFALO, NEW YORK

Oxy PERMEAN
 Unit #128

D-3-19-38
 30-025-28332
 BR 2221

Smith Int.
 1000 ft.
 60 MEN.
 LAST CAL. 10-12-07
 AMER. MTR.

30 MTR.