

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

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

**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

**HOBBS OCD**  
**JUN 21 2011**

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 )</p>		<p>WELL API NO 30-025-26833</p>
<p>1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u> <input checked="" type="checkbox"/></p>		<p>5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2 Name of Operator Occidental Permian Ltd.</p>		<p>6 State Oil &amp; Gas Lease No.</p>
<p>3 Address of Operator HCR 1 Box 90 Denver City, TX 79323</p>		<p>7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 30</p>
<p>4. Well Location Unit Letter <u>F</u> : <u>1470</u> Feet From The <u>North</u> <u>1395</u> Feet From The <u>West</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>R-38</u> NMPM <u>Lea</u> County</p>		<p>8 Well No <u>222</u></p>
<p>11 Elevation (Show whether DF, RKB, RT GR, etc ) 3665' KB</p>		<p>9. OGRID No <u>157984</u></p>
<p>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 _____</p>		<p>10. Pool name or Wildcat <u>Hobbs (G/SA)</u></p>

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>Clean out/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.

- Kill well.
- POOH w/injection equipment.
- Clean out well to PBD @4272'.
- Acid treat well w/1550 gal of 15% NEFE Acid.
- Run back in hole w/dual injection packers.
- Test casing and chart for the NMOCD.
- 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 06/20/2011  
 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 Mark Whitaker TITLE Compliance Officer DATE 6-22-11  
 CONDITIONS OF APPROVAL IF ANY

**JUN 22 2011**  
*[Signature]*