

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

HOBBS OCD
OIL CONSERVATION DIVISION

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

SEP 09 2013

RECEIVED

WELL API NO. 30-025-37480	
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 25	
8. Well No.	741
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>A</u> : <u>360</u> Feet From The <u>North</u> Line and <u>1294</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3678' 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <u>Coiled tubing job</u> <input checked="" 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. RU coiled tubing job.
2. Clean out well to 4359'. Circulate clean.
3. Wash perms from 4250-4351' w/2500 gal of 15% NEFE acid. Flush w/fresh water. Circulate clean.
4. RD and POOH w/coiled tubing unit.
5. Return well to injection.

RU 08/01/2013
RD 08/01/2013

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 09/06/2013
 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 Mah White TITLE Compliance Officer DATE 09-12-2013
 CONDITIONS OF APPROVAL IF ANY:

SEP 12 2013