

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

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

OCT 07 2013

WELL API NO. 30-025-07047
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 24
8. Well Number 211
9. OGRID Number: 157984
10. Pool name or Wildcat Hobbs (G/SA)

<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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator Occidental Permian Ltd.	
3. Address of Operator 2611 State Hwy 214 Denver City, TX 79323	
4. Well Location Unit Letter C : 660 feet from the North line and 1980 feet from the West line Section 24 Township 18S Range 37E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3675' DF	

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 COMPL <input type="checkbox"/>   |
| DOWNHOLE COMMINGLE <input type="checkbox"/>    |                                           |

SUBSEQUENT REPORT OF:

- |                                                  |                                          |
|--------------------------------------------------|------------------------------------------|
| REMEDIAL WORK <input type="checkbox"/>           | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | P AND A <input type="checkbox"/>         |
| CASING/CEMENT JOB <input type="checkbox"/>       |                                          |

OTHER:

☒ Lift Revision

OTHER:

☐

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) RIH w/ 4 1/4" drill bit and clean out to PBTD @4231'
- 2) Perforate 4103-28' (4 spf)
- 3) Acid Treat per prog
- 4) Scale Squeeze
- 5) RIH w/ ESP equipment per Steve Snead

During this procedure we plan to use  
the closed-loop system with a steel  
tank and haul contents to the required  
disposal per ODC Rule 19.15.17

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 Snead TITLE Lift Specialist DATE 10/3/2013

Type or print name Steve Snead E-mail address: steve\_snead@oxy.com PHONE: 806-592-6312  
For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr DATE 10-8-2013  
Conditions of Approval (if any):

OCT 08 2013