

State of New Mexico
Energy, Minerals and Natural Resources Department

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

HOBBS OGD OIL CONSERVATION DIVISION

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

OCT 10 2013

RECEIVED

WELL API NO. 30-025-05498
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. 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 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 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> Line and <u>2310</u> Feet From The <u>West</u> Line Section <u>25</u> Township <u>18+S</u> Range <u>37-E</u> NMPM Lea County	
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3666' DF	
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>Convert to producer</u> <input checked="" type="checkbox"/>
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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.

- RUPU & RU.
- ND wellhead/NU BOP.
- POOH and lay down tubing and injection packer.
- RIH w/bit & tag liner top @3853'. POOH w/bit.
- RIH w/bit & tag TD @4348'. POOH w/bit.
- RU wire line & perforate casing at 4 JSPF @4253-61', 4266-72', 4282-4304'. RD wire line.
- RIH w/PPI packer set @4027'. RU HES & perform PPI acid job with 2400 gal of 15% PAD acid. RD HES. RU pump truck and pump 100 bbl scale squeeze. Flush w/200 bbl fresh water. RD pump truck. POOH w/PPI packer.
- RIH w/ESP equipment set on 116 jts of 2-3/8" tubing. Intake set @3766'
- ND BOP/NU wellhead.
- RDPU & RU. Clean location and return well to production.

RUPU 09/12/2013 RD 09/20/2013

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 _____

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 Accepted for Record Only DATE OCT 10-15-2013

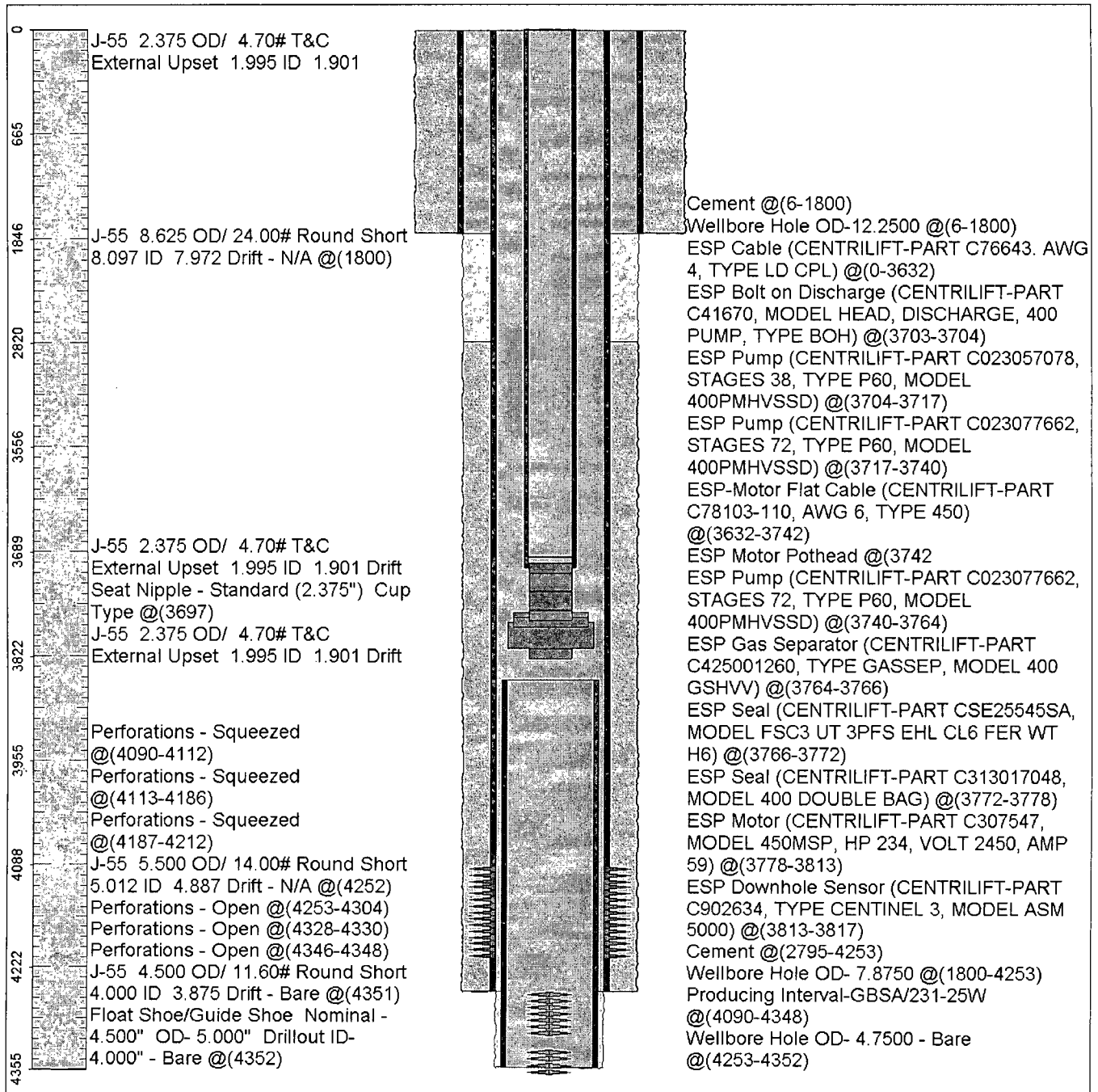
CONDITIONS OF APPROVAL IF ANY: **OCD requires -- paperwork to put this well on production.**

Form C-105 Completion Report
Form C-102 Dedicated Acreage
Form C-104 Request for Allowable & Authorization to Transport

OCT 15 2013

October 8, 2013

Work Plan Report for Well:NHSAU 231-25



Survey Viewer