

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 OCD OIL CONSERVATION DIVISION**

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

DEC 16 2013

RECEIVED

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 <input checked="" type="checkbox"/> Injector	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
2. Name of Operator Occidental Permian Ltd.	8. Well No. 341
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	9. OGRID No. 157984
4. Well Location Unit Letter <u>O</u> : <u>330</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>East</u> Line Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	10. Pool name or Wildcat Hobbs (G/SA)
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3636' 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"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <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 unit.
2. RIH & clean out to 4202'. Pull up to 4050'. Ran perf clean tool and water wash perfs 4092-4163'.
3. Pumped 10 bbl gel sweep.
4. Wash perfs from 4092-4163' w/2500 gal of 15% NEFE acid.
5. Pumped 10 bbl gel sweep. Circulate clean.
6. POOH and RD coiled tubing unit.
7. Return well to injection.

RU 12/03/2013  
RD 12/03/2013

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 12/13/2013  
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 Wendy Whitman TITLE Compliance Officer DATE 12/16/13

CONDITIONS OF APPROVAL IF ANY:

DEC 16 2013