

**RECEIVED**State of New Mexico  
Energy, Minerals and Natural Resources DepartmentForm C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

DEC 16 2008

**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**HOBBSOCD**

WELL API NO. 30-025-29017	✓
5 Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6 State Oil & Gas Lease No	
7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32	✓
8 Well No. 312	✓
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 1017 W. Stanolind Rd., Hobbs, NM 88240	
4. Well Location Unit Letter <u>B</u> <u>210</u> Feet From The <u>North</u> <u>1400</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	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3643' GL	
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 _____ ml Below-Grade Tank: Volume _____ bbls, Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: _____	<input type="checkbox"/>	OTHER: <u>Plug back</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 PU
2. CLOSE INJ LINE TO WELL, RECOVER 1100 BBLS. PUMP 100 BBLS 10# BRINE DOWN TBG.
3. WELL ON SLIGHT VAC. PUMP 25 BBLS 10# BRINE DOWN TBG
4. POOH W/ 129-2 7/8 JTS DUOLINE TBG AND ON/OFF TOOL.
5. PKR @ 4025'
6. TAG PBTD @ 4332'
7. DUMP 120 GALS PEA GRAVEL. FLUSH W/ 40 BBLS 10# BRINE
8. RIH W/ SINKER BAR & TAG PEA GRAVEL @ 4205', DUMP 20' CMT ON GRAVEL
9. 0 PSI, PUMP 100 BBLS 10# BRINE DOWN CSG. 5 BBLS PER MIN @ 200#

\*\*\* SEE ATTACHED \*\*\*

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 Rebecca L. Larmon TITLE Administrative Associate DATE 12/08/08  
TYPE OR PRINT NAME Rebecca L. Larmon E-mail address: rebecca\_larmon@oxy.com TELEPHONE NO. 575-397-8247

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APPROVED BY Terry W. Hill TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE DEC 19 2008

CONDITIONS OF APPROVAL IF ANY:

10. TAG CMT TOP @ 4190'
11. SET PKR @ 4025'
12. CIRC 100 BBLs 10# PKR FLUID, TEST PKR AND CSG TO 540# FOR 15 MIN, HELD.
13. RUN H-5 ON CSG AND PKR
14. RD PU AND CLEAN LOCATION.

RU PU 10/24/08

RD PU 10/30/08

