

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

RECEIVED OIL CONSERVATION DIVISION

OCT 18 2010

HOBBSOCD

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

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 <input checked="" type="checkbox"/> Injector	7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 25
2 Name of Operator Occidental Permian Ltd.	8 Well No 741
3. Address of Operator HCR I Box 90 Denver City, TX 79323	9. OGRID No 157984
4 Well Location Unit Letter A 360 Feet From The North 1294 Feet From The East Line Section 25 Township 18-S Range 37-E NMPM Lea County	10 Pool name or Wildcat Hobbs (G/SA)
11 Elevation (Show whether DF, RKB, RT GR, etc) 3677' 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 _____ 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"/> 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: Squeeze perf/Acid treat <input checked="" type="checkbox"/>	OTHER: <input 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. Kill well. POOH w/injection equipment.
2. Clean out to 4230'.
3. Set CIBP and squeeze perms.
4. Test squeeze.
5. Acid treat well w/1500 gal of 15% NEFE HCL acid.
6. Perform scale squeeze.
7. RIH w/dual injection packers.
8. Test casing and chart for the NMOCD.
9. Return well to injection.

Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart

Per Underground Injection Control Program Manual II 6 c Packer shall be set within or less then 100 feet of the uppermost injection perms or open hole.

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 10/14/2010
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 [Signature] TITLE STAFF MGR DATE 10-18-10
CONDITIONS OF APPROVAL IF ANY