| Ţ                                     | •                  | · · · · · · · · · · · · · · · · · · ·                                                             |                                                              |                                                                 |                                             |
|---------------------------------------|--------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|
|                                       | 10/06 110<br>SUSPE | 25/06 DEC<br>INSE ENGINEER                                                                        | 1/12/06<br>LOGGED IN                                         |                                                                 | PDAC 0601340871                             |
| -                                     | ····               | ;                                                                                                 | ABOVE THIS LINE FOR DIVISION USE OF                          | NLY                                                             |                                             |
|                                       |                    | -                                                                                                 | CONSERVATION<br>neering Bureau -<br>ncis Drive, Santa Fe, NM | TE                                                              | Det S                                       |
| · · · · · · · · · · · · · · · · · · · |                    | ADMINISTRAT                                                                                       | IVE APPLICAT                                                 | ION CHEC                                                        | KLIST                                       |
| Т                                     | HIS CHECKLIST IS N |                                                                                                   | STRATIVE APPLICATIONS FOR<br>PROCESSING AT THE DIVISIO       |                                                                 | VISION RULES AND REGULATIONS                |
| 1]                                    | [EOR-Qua           | [WFX-Waterflood Expansion<br>[SWD-Salt Water is<br>alified Enhanced Oil Rec<br>PPLICATION - Check | Disposal] [IPI-Injectio<br>covery Certification]             | e Maintenance E<br>on Pressure Incre<br>[PPR-Positive Pr<br>[A] | xpansion]<br>pase]<br>oduction Response]    |
|                                       | [* *]              | NSL NSP                                                                                           |                                                              |                                                                 | 1230 Station Driveron<br>Santa Fe, NM 87505 |
|                                       | Chec<br>[B]        | k One Only for [B] or [C<br>Commingling - Storag<br>DHC CTE                                       | ge - Measurement                                             | OLS 🗌                                                           | OLM                                         |
|                                       | [C]                |                                                                                                   | Pressure Increase - Enha<br>K [] SWD [] IP                   |                                                                 | ry<br>PPR                                   |
|                                       | [D]                | Other: Specify                                                                                    |                                                              |                                                                 |                                             |
| [2]                                   | NOTIFICAT<br>[A]   | <b>ION REQUIRED TO:</b><br>Working, Royalt                                                        | - Check Those Which A<br>y or Overriding Royalty             |                                                                 | Not Apply                                   |
|                                       | [B]                | X Offset Operators                                                                                | , Leaseholders or Surfac                                     | e Owner                                                         |                                             |
|                                       | [C]                | X Application is O                                                                                | ne Which Requires Publ                                       | lished Legal Notic                                              | ce                                          |
|                                       | [D]                |                                                                                                   | or Concurrent Approval                                       |                                                                 |                                             |

- [E] X For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

## [3] SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

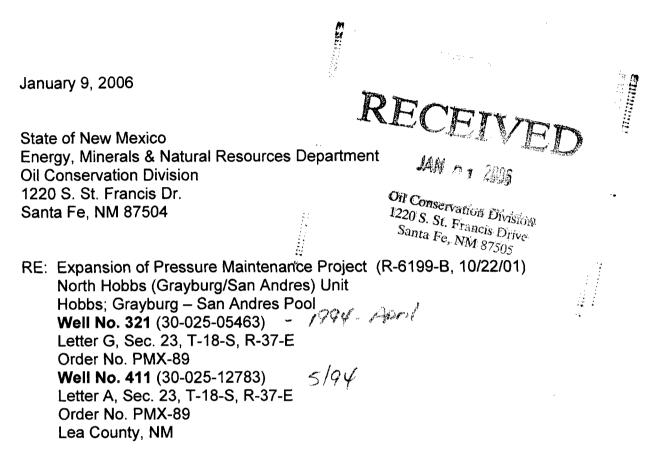
Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

| Mark Stephens      | Mark Stephen | Reg. Comp. Analyst | 1/9/06 |
|--------------------|--------------|--------------------|--------|
| Print or Type Name | Signature    | Title              | Date   |

Mark\_Stephens@oxy.com e-mail Address



5 Greenway Plaza, Suite 110, Houston, Texas 77046-0521 P.O. Box 4294, Houston, Texas 77210-4294 Phone 713.215.7000



Gentlemen:

Occidental Permian Limited Partnership respectfully requests administrative approval for expansion of the subject pressure maintenance project by increasing the injection rates and pressures of the two captioned wells in accordance with Order No. R-6199-B. As such, the following data is submitted in support of this request:

- Administrative Application Checklist
- Form C-108 with miscellaneous data attached
- An injection well data sheet (2 ea.)
- A map reflecting the location of the two injection wells. The map identifies all wells located within a two-mile radius of the injectors and has a one-half mile radius circle drawn around each well which identifies the well's Area of Review.
- Exhibit 1.0 Area of Review Data



5 Greenway Plaza, Suite 110, Houston, Texas 77046-0521 P.O. Box 4294, Houston, Texas 77210-4294 Phone 713.215.7000

- Exhibit 2.0 Map showing the location of the wells in Oxy's North Hobbs Unit CO2 Injection Project
- A list of Offset Operators and Surface Owners (these parties have been notified of this application by certified mail)
- An Affidavit of Publication and copy of the legal advertisement that was published in the county in which the wells are located

Your favorable consideration of our request will be appreciated. If you have any questions or need additional information, please call me at (713) 366-5158.

Very truly yours,

Mark Stephan

Mark Stephens Regulatory Compliance Analyst

CC: Oil Conservation Division Hobbs District Office 1625 N. French Drive Hobbs, NM 88240

> State of New Mexico Commissioner of Public Lands P.O. Box 1148 Santa Fe, NM 87504-1148

Offset Operators (see attached list)

Surface Owners (see attached list)

#### STATE OF NEW MEXICO ENERGY, MINERALS AND NATURAL RESOURCES DEPARTMENT

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, New Mexico 87505

## APPLICATION FOR AUTHORIZATION TO INJECT

| I.   | PURPOSE: Application qualifies fo | Secondary RecoveryX Pressure Maintenance<br>r administrative approval?X YesNo | DisposalStorage      |
|------|-----------------------------------|-------------------------------------------------------------------------------|----------------------|
| II.  | OPERATOR:                         | Occidental Permian Limited Partnership                                        |                      |
|      | ADDRESS:                          | P.O. Box 4294, Houston, TX 77210-4294                                         |                      |
|      | CONTACT PARTY:                    | Mark Stephens, Rm. 19.013, GRWY 5                                             | PHONE: (713) 366-515 |
| III. | WELL DATA: Comple                 | te the data required on the reverse side of this form for each well propos    | sed for injection.   |

Additional sheets may be attached if necessary.

- IV. Is this an expansion of an existing project? <u>X</u> Yes If yes, give the Division order number authorizing the project: <u>R-6199-B (10/22/01)</u>
- V. Attach a map that identifies all wells and leases within two miles of any proposed injection well with a one-half mile radius circle drawn around each proposed injection well. This circle identifies the well's area of review.
- VI. Attach a tabulation of data on all wells of public record within the area of review which penetrate the proposed injection zone. Such data shall include a description of each well's type, construction, date drilled, location, depth, record of completion, and a schematic of any plugged well illustrating all plugging detail.
- VII. Attach data on the proposed operation, including:
  - 1. Proposed average and maximum daily rate and volume of fluids to be injected;
  - 2. Whether the system is open or closed;
  - 3. Proposed average and maximum injection pressure;
  - 4. Sources and an appropriate analysis of injection fluid and compatibility with the receiving formation if other than reinjected produced water; and,
  - 5. If injection is for disposal purposes into a zone not productive of oil or gas at or within one mile of the proposed well, attach a chemical analysis of the disposal zone formation water (may be measured or inferred from existing literature, studies, nearby wells, etc.).
- \*VIII. Attach appropriate geologic data on the injection zone including appropriate lithologic detail, geologic name, thickness, and depth. Give the geologic name, and depth to bottom of all underground sources of drinking water (aquifers containing waters with total dissolved solids concentrations of 10,000 mg/l or less) overlying the proposed injection zone as well as any such sources known to be immediately underlying the injection interval.
- IX. Describe the proposed stimulation program, if any.

\*

- \*X. Attach appropriate logging and test data on the well. (If well logs have been filed with the Division, they need not be resubmitted).
- \*XI. Attach a chemical analysis of fresh water from two or more fresh water wells (if available and producing) within one mile of any injection or disposal well showing location of wells and dates samples were taken.
- XII. Applicants for disposal wells must make an affirmative statement that they have examined available geologic and engineering data and find no evidence of open faults or any other hydrologic connection between the disposal zone and any underground sources of drinking water.
- XIII. Applicants must complete the "Proof of Notice" section on the reverse side of this form.
- XIV. Certification: I hereby certify that the information submitted with this application is true and correct to the best of my knowledge and belief.

| NAME:                                                                                                                           | Mark Stephens         | TITLE: Reg. Comp. Analyst              |  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|--|--|--|--|--|--|
| SIGNATURE:                                                                                                                      | Mark Stephen          | DATE: January 9, 2006                  |  |  |  |  |  |  |
| E-MAIL ADDRESS:                                                                                                                 | Mark_Stephens@oxy.com |                                        |  |  |  |  |  |  |
| If the information required under Sections VI, VIII, X, and XI above has been previously submitted, it need not be resubmitted. |                       |                                        |  |  |  |  |  |  |
|                                                                                                                                 |                       | ing September 6, 2001; Case No. 12722, |  |  |  |  |  |  |

Order No. 6199-B, effective October 22,  $20\overline{01}$ 

#### III. WELL DATA

- A. The following well data must be submitted for each injection well covered by this application. The data must be both in tabular and schematic form and shall include:
  - (1) Lease name; Well No.; Location by Section, Township and Range; and footage location within the section.
  - (2) Each casing string used with its size, setting depth, sacks of cement used, hole size, top of cement, and how such top was determined.
  - (3) A description of the tubing to be used including its size, lining material, and setting depth.

(4) The name, model, and setting depth of the packer used or a description of any other seal system or assembly used.

Division District Offices have supplies of Well Data Sheets which may be used or which may be used as models for this purpose. Applicants for several identical wells may submit a "typical data sheet" rather than submitting the data for each well.

- B. The following must be submitted for each injection well covered by this application. All items must be addressed for the initial well. Responses for additional wells need be shown only when different. Information shown on schematics need not be repeated.
  - (1) The name of the injection formation and, if applicable, the field or pool name.
  - (2) The injection interval and whether it is perforated or open-hole.
  - (3) State if the well was drilled for injection or, if not, the original purpose of the well.
  - (4) Give the depths of any other perforated intervals and detail on the sacks of cement or bridge plugs used to seal off such perforations.
  - (5) Give the depth to and the name of the next higher and next lower oil or gas zone in the area of the well, if any.
- XIV. PROOF OF NOTICE

All applicants must furnish proof that a copy of the application has been furnished, by certified or registered mail, to the owner of the surface of the land on which the well is to be located and to each leasehold operator within one-half mile of the well location.

Where an application is subject to administrative approval, a proof of publication must be submitted. Such proof shall consist of a copy of the legal advertisement which was published in the county in which the well is located. The contents of such advertisement must include:

- (1) The name, address, phone number, and contact party for the applicant;
- (2) The intended purpose of the injection well; with the exact location of single wells or the Section, Township, and Range location of multiple wells;
- (3) The formation name and depth with expected maximum injection rates and pressures; and,

(4) A notation that interested parties must file objections or requests for hearing with the Oil Conservation Division, 1220 South St. Francis Dr., Santa Fe, New Mexico 87505, within 15 days.

NO ACTION WILL BE TAKEN ON THE APPLICATION UNTIL PROPER PROOF OF NOTICE HAS BEEN SUBMITTED.

NOTICE: Surface owners or offset operators must file any objections or requests for hearing of administrative applications within 15 days from the date this application was mailed to them.

## Attachment To Form C-108 Miscellaneous Data

North Hobbs (Grayburg/San Andres) Unit Well No. 411 Letter A, Section 23, T-18-S, R-37-E Lea County, New Mexico

III. Well Data
B.(5) Next higher oil zone -- Byers (Queen) @ +/- 3680' Next lower oil zone -- Glorieta @ +/- 5300'

#### VII. Proposed Operation

- Average Injection Rate N/A Maximum Injection Rate 9000 BWPD\* (\* In accordance with Order No. R-6199-B, effective 10/22/01)
- 2. Closed Injection System
- Average Surface Injection Pressure N/A Maximum Surface Injection Pressure Produced Water 1100 PSI\* (\* In accordance with Order No. R-6199-B, effective 10/22/01)
- 4. Source Water San Andres Produced Water (Mitchell Analytical Laboratory analysis attached)

## IX. Stimulation Program

Acid treatment of injection interval will be performed during activation work (approx. 2000 gal. 15% HCL)

- XI. Fresh Water Sample Analysis No active fresh water sample points could be found in the area of review
- XII. Occidental Permian Limited Partnership affirms that available geologic and engineering data has been examined resulting in the finding of no evidence of open faults or any other hydrologic connection between the disposal zone and any underground source of drinking water.

# MITCHELL ANALYTICAL LABORATORY

2638 Faudree Odessa, Texas 79765-8538 561-5579

# Company: Nalco Energy Services

.

| Well Number: | WIB Pump Dis. #3 | Sample Temp:  | 70         |
|--------------|------------------|---------------|------------|
| Lease:       | OXY              | Date Sampled: | 1/19/2005  |
| Location:    |                  | Sampled by:   | Mike Athey |
| Date Run:    | 1/25/2005        | Employee #:   | 27-008     |
| Lab Ref #:   | 05-jan-n23830    | Analyzed by:  | DOM        |

## Dissolved Gases

| Hydrogen Sulfide<br>Carbon Dioxide<br>Dissolved Oxygen | (H2S)<br>(CO2)<br>(O2)   |                         | OT ANALY<br>DT ANALY | ZED                     | <b>Mg/L</b><br>.37.00      | <b>Eq. Wt.</b><br>16.00 | <b>MEq/L</b><br>8.56     |
|--------------------------------------------------------|--------------------------|-------------------------|----------------------|-------------------------|----------------------------|-------------------------|--------------------------|
|                                                        |                          |                         | Cations              |                         |                            |                         |                          |
| Calcium<br>Magnesium<br>Sodium                         | (Ca++)<br>(Mg++<br>(Na+) | )                       |                      | 3                       | .25.60<br>941.60<br>924.02 | 20.10<br>12.20<br>23.00 | 56.00<br>28.00<br>153.22 |
| Barium                                                 | (Ba++)                   |                         | OT ANALY             | 760                     |                            |                         |                          |
| Manganese                                              | (Mn+)                    |                         |                      |                         | .08                        | 27.50                   | .00                      |
|                                                        |                          |                         | Anions               |                         |                            |                         |                          |
| Hydroxyl                                               | (OH-)                    |                         | Amons                |                         | .00                        | 17.00                   | .00                      |
| Carbonate                                              | (CO3=)                   | ) .                     |                      |                         | .00                        | 30.00                   | .00                      |
| BiCarbonate                                            | (HCO3-                   | ·)                      |                      | 2,0                     | 28.52                      | 61.10                   | 33.20                    |
| Sulfate                                                | (SO4=)                   |                         |                      | 1,7                     | 00.00                      | 48.80                   | 34.84                    |
| Chloride                                               | (Cl-)                    |                         |                      | 6,0                     | 06.60                      | 35.50                   | 169.20                   |
| Total Iron                                             | (Fe)                     |                         |                      |                         | 0.28                       | 18.60                   | .02                      |
| Total Dissolved Sol                                    |                          |                         |                      | 14,8                    | 363.70                     |                         |                          |
| Total Hardness as                                      |                          |                         |                      | 4,2                     | 214.56                     |                         |                          |
| Conductivity MICR                                      | DMHOS/C                  | CM                      |                      | 2                       | 26,250                     |                         |                          |
| рН 6.350                                               | )                        |                         |                      | Specific G              | Gravity 60                 | )/60 F.                 | 1.010                    |
| CaSO4 Solubility @ 8                                   | 80 F.                    | 39.63                   | 1                    | 4Eq/L,                  | CaSO4                      | scale is unlikel        | у                        |
| 80.0                                                   | .341                     | 100.0<br>110.0<br>120.0 | .561<br>.821<br>.821 | 130.0<br>140.0<br>150.0 | 1.                         | 121<br>121<br>401       |                          |

Nalco Energy Services

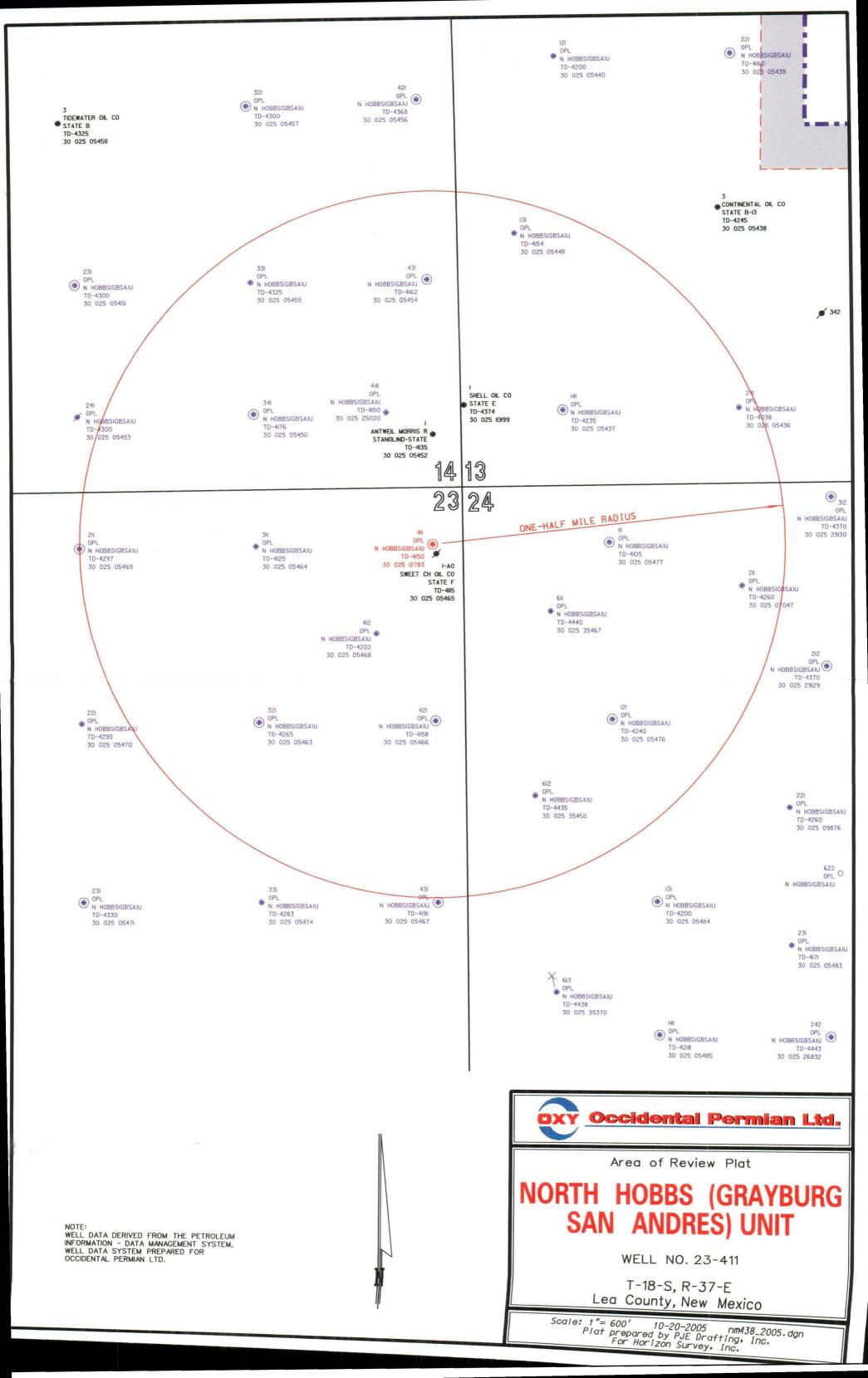
#### INJECTION WELL DATA SHEET

30-025-12783

| Operator<br>Occidental | Permian Limited Partnership                                                         | Lease<br>North Hobb                   | os G/SA Unit         |                   | County<br>Lea                           |
|------------------------|-------------------------------------------------------------------------------------|---------------------------------------|----------------------|-------------------|-----------------------------------------|
| Well No.<br>411        | Footage Location<br>330' FNL & 330' FEL                                             | Section<br>23                         | Township<br>18-S     | Range<br>37-E     | Unit Letter<br>A                        |
| 8-5/8"                 |                                                                                     | Surface Casi<br>Size 8- 5             | <u>Tub</u>           | oular Data        | 125 sxs.                                |
| @ 334'                 |                                                                                     | TOC SU                                | RF Dete              | rmined by         | CIRC                                    |
|                        |                                                                                     | Hole size                             | <u>.</u>             |                   |                                         |
|                        |                                                                                     | Intermediate                          |                      |                   |                                         |
|                        |                                                                                     | Size                                  |                      | ented with        | \$X\$.                                  |
|                        |                                                                                     | TOC<br>Hole size                      | Dete                 | rmined by         | · · · · · ·                             |
|                        |                                                                                     |                                       | aeina                |                   |                                         |
|                        |                                                                                     | Long string C<br>Size 5-1             | ( <b>A</b> )         | ented with        | 75 sxs.                                 |
| 5-1/2"                 |                                                                                     | тос 255                               | <u></u>              |                   | CBL                                     |
| @ 3915'                |                                                                                     | Hole size                             |                      |                   | - · · · · · · · · · · · · · · · · · · · |
|                        |                                                                                     | Liner                                 |                      |                   |                                         |
|                        |                                                                                     | Size                                  | Cem                  | ented with        | SXS.                                    |
|                        |                                                                                     | тос                                   | Dete                 | ermined by        |                                         |
|                        |                                                                                     | Hole size                             |                      |                   |                                         |
|                        |                                                                                     | <u>Total depth</u>                    | 4265'                |                   |                                         |
|                        |                                                                                     | Injection inte<br>Approx.             |                      | to <u>TD</u>      |                                         |
|                        |                                                                                     | Completion t                          | ype Perfor           | ated Casing       |                                         |
| Tubing size            | 2-7/8" lined with                                                                   | Duoline (Fi                           | berglass liner)      |                   | set in a                                |
| Guiberson              | Uni VI<br>(brand and model)                                                         | Packer at                             | Within 100           | feet O            | f the top perf.                         |
| Other Data             |                                                                                     |                                       |                      |                   |                                         |
| 1. Name of th          | e injection formation San And                                                       | Ires                                  |                      |                   |                                         |
| 2. Name of fi          | eld or Pool Hobbs;                                                                  | Grayburg – Sa                         | an Andres            |                   |                                         |
|                        | w well drilled for injection?<br>r what purpose was the well originally dri         | Yes<br>illed?                         | Producer             | No                | <b>15</b> -107                          |
|                        | ell ever been perforated in any other zon<br>acks of cement or bridge plug(s) used) | e(s)? List all su<br>None             | ch perforated interv | vals and give plu | igging                                  |
|                        |                                                                                     | · · · · · · · · · · · · · · · · · · · |                      |                   | · ·····                                 |
| <u> </u>               |                                                                                     |                                       |                      |                   |                                         |
|                        |                                                                                     |                                       |                      |                   |                                         |

5. Give the depth to and name of any overlying and/or underlying oil and gas zones (pools) in this area.

Byers (Queen), +/- 3680'; Glorieta, 5300'



#### Exhibit 1.0 – Area of Review Data

North Hobbs G/SA Unit Nos. 321 & 411 Sec. 23, T-18-S, R-37-E

A review of the subject wells' AOR shows that two wells were drilled within the <sup>1</sup>/<sub>2</sub>-mile radius since the previous review occurred (done as a part of Oxy's August, 2001 application to amend Order No. R-6199). These wells are:

North Hobbs G/SA Unit No. 611 (30-025-35467) North Hobbs G/SA Unit No. 612 (30-025-35450)

The attached copies of sundry notices (2 ea. per well) and the completion reports for these two wells shows that cement was circulated to surface off all casing strings thus affording adequate protection of the injection interval (approx. 4000' to 4265') of Oxy's North Hobbs G/SA Unit Well Nos. 321 and 411.

#### Area of Review Well Count

Active Wells (includes SI and TxA'd wells) – 21

Sec. 13, T-18-S, R-37-E

North Hobbs G/SA Unit No. 131 (30-025-05488) North Hobbs G/SA Unit No. 141 (30-025-05437) North Hobbs G/SA Unit No. 241 (30-025-05436)

Sec. 14, T-18-S, R-37-E

North Hobbs G/SA Unit No. 331 (30-025-05455) North Hobbs G/SA Unit No. 341 (30-025-05450) North Hobbs G/SA Unit No. 431 (30-025-05454) North Hobbs G/SA Unit No. 441 (30-025-25020)

Sec. 23, T-18-S, R-37-E

North Hobbs G/SA Unit No. 211 (30-025-05469) North Hobbs G/SA Unit No. 221 (30-025-05470) North Hobbs G/SA Unit No. 231 (30-025-05471) North Hobbs G/SA Unit No. 311 (30-025-05464)

#### Exhibit 1.0 - Area of Review Data (con'd.)

Sec. 23, T-18-S, R-37-E (con'd.)

North Hobbs G/SA Unit No. 331 (30-025-05474) North Hobbs G/SA Unit No. 341 (30-025-05475) North Hobbs G/SA Unit No. 412 (30-025-05468) North Hobbs G/SA Unit No. 421 (30-025-05466) North Hobbs G/SA Unit No. 431 (30-025-05467)

Sec. 24, T-18-S, R-37-E

North Hobbs G/SA Unit No. 111 (30-025-05477) North Hobbs G/SA Unit No. 121 (30-025-05476) North Hobbs G/SA Unit No. 211 (30-025-07047) North Hobbs G/SA Unit No. 611 (30-025-35467) North Hobbs G/SA Unit No. 612 (30-025-35450)

Plugged and Abandoned Wells – 5 (Identified below)

Sec. 14, T-18-S, R-37-E

State "E" No. 1 (30-025-10199) Stanolind State No. 1 (30-025-05452) North Hobbs G/SA Unit No. 241 (30-025-05453)

Sec. 23, T-18-S, R-37-E

State "F" No. 1 (30-025-05465) North Hobbs G/SA Unit No. 121 (30-025-05462)

Mark Stephen 1/9/06

Mark Stephens Regulatory Compliance Analyst Occidental Permian Limited Partnership

| × >                                                                |                            | (~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                                       |                               |                    | ť                 |                     |            |                    |                                        |  |
|--------------------------------------------------------------------|----------------------------|-----------------------------------------|---------------------------------------|-------------------------------|--------------------|-------------------|---------------------|------------|--------------------|----------------------------------------|--|
| Submit to Appropriate<br>District Office<br>State Lease - 6 copies | Ene                        | Stat<br>rgy, Minerals                   | e of New Mex<br>and Natural Re        | ico<br>sources D              | eparti             | ment              |                     |            |                    | n C-105<br>sed 1-1-89                  |  |
| Fee Lease - 5 copies<br>DISTRICT_L                                 | ~~                         |                                         |                                       |                               |                    | WEL               | L API NO.           |            |                    |                                        |  |
| P.O. Box 1980, Hobbs, N                                            | M 88240 OI                 |                                         | RVATION                               |                               | ION                | <u> </u>          |                     | 30-025-    | 35467              |                                        |  |
| DISTRICT IL                                                        |                            |                                         | 40 Pacheco St                         |                               |                    | 5. II             | ndicate Type        |            | TE X               | FEE                                    |  |
| P.O. Drawer DD, Artesia,                                           | NM 88210                   | Santa                                   | Fe, NM 875                            | 05                            |                    | 6.5               | tate Oil & Ga       |            |                    |                                        |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Azt                           | ec. NM 87410               |                                         |                                       |                               |                    |                   |                     |            |                    |                                        |  |
| WELL COM                                                           | IPLETION OR RE             | COMPLETIO                               | N REPORT AN                           | ND LOG                        |                    |                   |                     |            |                    |                                        |  |
| 1a. Type of Well:<br>OIL WELL                                      | GAS WELL                   |                                         | OTHER                                 |                               |                    | 7. L              | ease Name o         | -          |                    |                                        |  |
|                                                                    | b. Type of Completion:     |                                         |                                       |                               |                    |                   |                     |            |                    |                                        |  |
| 2. Name of Operator                                                |                            |                                         |                                       |                               |                    | 8. V              | Vell No.            |            |                    |                                        |  |
|                                                                    | dan Limited Par            | entersnup                               |                                       |                               |                    |                   | ool name or         |            | 11                 |                                        |  |
| 3. Address of Operator                                             | 77                         |                                         |                                       | •                             |                    | 1.                |                     | _          |                    | <b>3</b>                               |  |
| 4. Well Location                                                   | Houston, TX 77             | 410-4274                                |                                       |                               |                    |                   | Hobbe; G            | 7-1/2-114  | <u>r – san</u>     | Anores                                 |  |
|                                                                    | <u>D : 843</u> F           | eet From The                            | North                                 | Line and                      |                    | 540               | Feet From           | m The 🔔    | Wes                | st Line                                |  |
| Section                                                            | 24                         | Township 18                             | -S Range                              | 3 <b>7-E</b>                  |                    | NMPM              | [                   | Lea        |                    | County                                 |  |
| 10. Date Spudded 1                                                 | 1. Date T.D. Reached       | 12. Date Com                            | pl. (Ready to Prod.                   |                               | _                  | s (DF & R         | KB, RT, GI          | ζ, etc.)   | 14. Elev. (        | Casinghead                             |  |
| 4/9/01                                                             | 4/15/01                    |                                         | 5/3/01                                |                               |                    | 3678 <i>'</i>     | GEL                 |            |                    |                                        |  |
| 15. Total Depth                                                    | 16. Plug Back T            |                                         | If Multiple Compl.<br>Many Zones?     | How 1                         | 8. Inter<br>Drille | vals I<br>ed By I | Rotary Tool<br>4440 | 1          | Cable Too          | ols                                    |  |
| 4440'<br>19. Producing Interval(s                                  | ), of this completion - To |                                         |                                       | Ł                             |                    | 1                 |                     |            | ectional Su        | rvey Made                              |  |
| 4138' - 4276';                                                     | Grayburg - San             | Andres                                  |                                       |                               |                    |                   |                     | No         |                    |                                        |  |
| 21. Type Electric and O                                            | ther Logs Run              |                                         |                                       |                               |                    | 2                 | 2. Was Well         | Cored      |                    |                                        |  |
|                                                                    | I/GR - AL Micro-           |                                         |                                       | 11                            |                    |                   | No                  |            |                    |                                        |  |
| 23.<br>CASING SIZE                                                 | WEIGHT LB/FT               |                                         | ORD (Report                           | <u>ali string</u><br>Dle size | <u>s set</u>       |                   | )<br>ENTING RE      | COPD       | AM                 | OUNT PULLED                            |  |
|                                                                    |                            |                                         |                                       |                               |                    | CL471             |                     |            |                    |                                        |  |
| 14                                                                 | Conductor                  | 40                                      |                                       | 18                            |                    |                   | <u>50 вж.</u>       |            |                    |                                        |  |
| 8-5/8                                                              | 24                         | 149                                     | 7 1                                   | 2-1/4                         |                    |                   | 850 833             | •          |                    |                                        |  |
|                                                                    |                            |                                         |                                       |                               |                    |                   |                     |            |                    |                                        |  |
| 5-1/2                                                              | 15.5                       | 444                                     | n                                     | 7-7/8                         |                    |                   | 850 ສະ              |            |                    |                                        |  |
| 24.                                                                |                            | INER RECOR                              |                                       | <u>/_//J</u>                  |                    | 25.               |                     | ING RE     | CORD               |                                        |  |
| SIZE                                                               | TOP                        |                                         | SACKS CEMENT                          | SCREE                         | N                  | S                 | IZE                 | DEPT       |                    | PACKER SET                             |  |
|                                                                    |                            |                                         |                                       |                               |                    | 2-                | -7/8                | 410        | 001                |                                        |  |
|                                                                    |                            |                                         |                                       |                               |                    |                   |                     |            |                    |                                        |  |
| 26. Perforation recor                                              | d (interval, size, and     | number)                                 |                                       | 27. ACI                       | D. SH              | OT. FR            | ACTURE              | . CEME     | ENT. SO            | EEZE, ETC.                             |  |
|                                                                    | · · · · · · · · ·          | ·····,                                  |                                       | DEPTH                         | INTER              | VAL               |                     |            |                    | ERIAL USED                             |  |
| 4138' - 4276'                                                      |                            |                                         |                                       | 4138/                         | - 427              | <u>'6'</u>        | <u>3500 cm</u>      | 1. 15%     | HCL                |                                        |  |
| 4730 4710.                                                         | (4 USPF)                   |                                         |                                       |                               |                    |                   |                     |            |                    | ······································ |  |
|                                                                    |                            |                                         | DODUCTIC                              |                               |                    | <u> </u>          |                     |            |                    |                                        |  |
| 28<br>Date First Production                                        | Durdwarten                 |                                         | PRODUCTIC                             |                               |                    |                   |                     |            | (1)                |                                        |  |
| 5/7/01                                                             | Production                 | -                                       | , gas lift, pumping -<br>mping, ESP - |                               | e pump             | ,                 |                     | [          | nus (Prod.         | or Shut-in)<br>-                       |  |
| Date of Test                                                       | Hours Tested               | Choke Size                              | Prod'n For                            | Oil - Bbl.                    | C                  | as - MCF          | Watar               | - Bbl.     |                    | Oil Ratio                              |  |
| 5/7/01                                                             | 24                         | N/A                                     | Test Period                           | <b>29</b>                     |                    | 39                |                     | 359        |                    | <b>1345</b>                            |  |
| Flow Tubing Press.<br>50                                           | Casing Pressure<br>35      | Calculated 24-<br>Hour Rate             | Oil - Bbl.<br>29                      | Gas - MC<br>39                | F                  | Water -           |                     | Oil Grav   | vity - API -<br>35 | (Corr.)                                |  |
| 29. Disposition of Gas                                             |                            | nted, etc.)                             |                                       |                               |                    |                   |                     | tnessed By |                    |                                        |  |
| Sold                                                               |                            |                                         |                                       |                               |                    | . <u>.</u>        | <u>т.</u>           | Summer     | 9                  | ·····                                  |  |
|                                                                    | 30. List Attachments       |                                         |                                       |                               |                    |                   |                     |            |                    |                                        |  |
|                                                                    | at the information show    |                                         | this form is true an                  | d complete to                 | the bes            | st of my k        | nowledge an         | nd belief  |                    |                                        |  |
|                                                                    | IDAK Stal.                 | `                                       | Printed                               |                               |                    |                   | <b>.</b>            |            |                    | g 104 104                              |  |
| Signature 1                                                        | Int Steple                 | <u></u>                                 | NameM                                 | ark Steph                     |                    |                   | e BUS. A            | nalyst     | (SG) Da            | ite                                    |  |

| Submit 3 Copics<br>to Appropriate<br>District Office          | State of New Mer<br>Energy, Minerals and Natural 1                                                                                                       | Resources Departme                                          | ent                                    | Form C-103<br>Revised 1-1-89 |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|------------------------------|
| DISTRICT I                                                    | OIL CONSERVATIO                                                                                                                                          |                                                             | WELL API NO                            | ······                       |
| P.O. Box 1980, Hobbs NM 88241-1980                            | 2040 Pacheco                                                                                                                                             |                                                             | 30-025-                                | 35467                        |
| DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210              | Santa Fe, NM 8                                                                                                                                           | /505                                                        | 5. Indicate Type of Leas               |                              |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410          |                                                                                                                                                          |                                                             | 6. State Oil & Gas Lease               | STATE X FEE                  |
| SUNDRY NOT                                                    | ICES AND REPORTS ON WEL                                                                                                                                  | LS                                                          |                                        |                              |
| (DO NOT USE THIS FORM FOR PRO<br>DIFFERENT RESE               | OPOSALS TO DRILL OR TO DEEPEN<br>RVOIR. USE "APPLICATION FOR PER<br>-101) FOR SUCH PROPOSALS.)                                                           | OR PLUG BACK TO A                                           | 7. Lease Name or Unit A                | Agreement Name               |
| 1. Type of Well:<br>OIL GAS<br>WELL WELL                      | OTHER                                                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                       |                                        |                              |
| 2. Name of Operator                                           |                                                                                                                                                          |                                                             | 8. Well No.                            |                              |
| Occidental Permian Limited                                    | Partnership                                                                                                                                              |                                                             |                                        | 611                          |
| 3. Address of Operator                                        |                                                                                                                                                          |                                                             | 9. Pool name or Wildca                 | -                            |
| P.O. Box 4294, Houston, TX                                    | 77210-4294                                                                                                                                               | <u> </u>                                                    | Hobbs; Graybu                          | irg – San Andres             |
| 4. Well Location<br>Unit LetterD :843                         | B Feet From The North                                                                                                                                    | Line and 54                                                 | 0 Feet From The                        | WestLine                     |
|                                                               |                                                                                                                                                          |                                                             |                                        |                              |
| Section 24                                                    |                                                                                                                                                          | nge 37-E                                                    |                                        | Lea County                   |
|                                                               | 10. Elevation (Show whethe                                                                                                                               | r DF, RKB, RT, GR, etc.)<br>36784 GL                        | ·                                      |                              |
| IL Check A                                                    | ppropriate Box to Indicate I                                                                                                                             |                                                             | Report, or Other                       | r Data                       |
| NOTICE OF IN                                                  |                                                                                                                                                          |                                                             | SEQUENT REF                            |                              |
|                                                               |                                                                                                                                                          | REMEDIAL WORK                                               |                                        | ERING CASING                 |
|                                                               | CHANGE PLANS                                                                                                                                             | COMMENCE DRILLIN                                            |                                        |                              |
| PULL OR ALTER CASING                                          |                                                                                                                                                          | CASING TEST AND C                                           | EMENT JOB                              |                              |
| OTHER:                                                        |                                                                                                                                                          | OTHER: <u>Rum 5-1/</u>                                      | 2" Casing                              | X                            |
| 12. Describe Proposed or Completed Op<br>work) SEE RULE 1103. | erations (Clearly state all pertinent deta                                                                                                               | ails, and give pertinent dat                                | tes, including estimated d             | ate of starting any proposed |
| Cement first<br>second stage<br>Circulate 63                  | 5-1/2", 15.5#, J-55, L/T&C c<br>stage with 250 sx. Premium<br>with 500 sx. Interfill 'C'<br>s sx. to surface. Plug down.<br>ling rig at 8:00 p.m., 4/16/ | Plus, circulate 1<br>(lead) and 100 sx<br>Nipple down x set | 27 sx. Bump plug.<br>. Premium Plus (t | Cement<br>ail).              |
|                                                               |                                                                                                                                                          |                                                             |                                        |                              |
| I hereby certify that the information above is                | true and complete to the best of my knowledge a                                                                                                          | nd belief.                                                  |                                        |                              |
| SIGNATURE MONK STE                                            | shew III                                                                                                                                                 | LE Business Ana                                             | lyst (SG)                              | DATE 4/17/01                 |
| TYPE OR PRINT NAME Mark Step                                  | 2ens                                                                                                                                                     |                                                             | Tel                                    | EPHONE NO. 281/552-1158      |
| (This space for State Use)                                    |                                                                                                                                                          | ×                                                           |                                        |                              |
| APPROVED BY<br>CONDITIONS OF APPROVAL, IF ANY:                |                                                                                                                                                          | Orig. Signat<br>Paul Kaut<br>Geologist                      |                                        | date <u>APR 2 6 2001</u>     |
|                                                               |                                                                                                                                                          |                                                             |                                        |                              |

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| Sybmit 3 Copies<br>to Appropriate                                               | State of New Me<br>Energy, Minerals and Natural                                                |                                 | ent                    | Form C-103<br>Revised 1-1-89             |  |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------|------------------------|------------------------------------------|--|
| District Office                                                                 | OIL CONSERVATIO                                                                                | NDIVISION                       |                        |                                          |  |
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88241-1980                                | 2040 Pacheco                                                                                   |                                 | WELL API NO.           |                                          |  |
| DISTRICT II                                                                     | Santa Fe, NM 8                                                                                 |                                 |                        | 025-35467                                |  |
| P.O. Drawer DD, Artesia, NM 88210                                               |                                                                                                |                                 | 5. Indicate Type of    | STATE X FEE                              |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410                            |                                                                                                |                                 | 6. State Oil & Gas     |                                          |  |
| SUNDRY NOT                                                                      | ICES AND REPORTS ON WEL                                                                        | LS                              | HERICH (1997)          | an a |  |
| DIFFERENT RESE                                                                  | OPOSALS TO DRILL OR TO DEEPEN<br>RVOIR. USE "APPLICATION FOR PER<br>-101) FOR SUCH PROPOSALS.) |                                 |                        | Unit Agreement Name<br>Hobbs G/SA Unit:  |  |
| 1. Type of Well:<br>OIL<br>WELL X GAS<br>WELL                                   | OTHER                                                                                          |                                 |                        |                                          |  |
| 2. Name of Operator                                                             |                                                                                                |                                 | 8. Well No.            |                                          |  |
| Occidental Permian Limited                                                      | Partnership                                                                                    |                                 |                        | 611                                      |  |
| 3. Address of Operator                                                          |                                                                                                |                                 | 9. Pool name or W      | /ildcat                                  |  |
| P.O. Box 4294, Houston, TX                                                      | 77210-4294                                                                                     |                                 | Hobbs; G               | rayburg - San Andres                     |  |
| 4. Well Location<br>Unit Letter D : 843                                         | Feet From The North                                                                            | Line and 54                     | 0 Feet From            | The West time                            |  |
|                                                                                 |                                                                                                |                                 |                        | in theLine                               |  |
| Section 24                                                                      | Township 18-S Ra                                                                               | nge 37-E                        |                        | Lea County                               |  |
|                                                                                 | In the Elevation (Show whethe                                                                  | <u>3678' GL</u>                 |                        |                                          |  |
| 11. Check Ag                                                                    | ppropriate Box to Indicate 1                                                                   | Nature of Notice,               | Report, or O           | ther Data                                |  |
| NOTICE OF IN                                                                    | TENTION TO:                                                                                    | SUB                             | SEQUENT I              | REPORT OF:                               |  |
|                                                                                 |                                                                                                | REMEDIAL WORK                   | []                     |                                          |  |
|                                                                                 |                                                                                                |                                 |                        |                                          |  |
|                                                                                 | CHANGE PLANS                                                                                   | COMMENCE DRILLING               |                        |                                          |  |
| PULL OR ALTER CASING                                                            |                                                                                                | CASING TEST AND CI              |                        |                                          |  |
| OTHER:                                                                          |                                                                                                | OTHER: Soud & R                 | un Surface Ca          | sing X                                   |  |
| <ol> <li>Describe Proposed or Completed Ope<br/>work) SEE RULE 1103.</li> </ol> | crations (Clearly state all pertinent det                                                      | ails, and give pertinent dat    | tes, including estima  | ated date of starting any proposed       |  |
| 4/9/01: MI x RU. Sp<br>4/10/01 -                                                | ud 12-1/4" hole at 2:00 a.m.                                                                   | . (NMOCD notified               |                        |                                          |  |
| Cement with                                                                     | 8-5/8", 24#, J-55, ST&C can<br>600 sx. PBCZ followed by 2:<br>surface. WOC. Nipple up and      | 50 sx. Premium Plu              | s. Plug down           | and circulate                            |  |
|                                                                                 | true and complete to the best of my knowledge a                                                |                                 |                        |                                          |  |
| SIGNATURE Mark Step                                                             | hers m                                                                                         | LE Business A                   | nalyst (SG)            | DATE4/12/01                              |  |
| TYPE OR PRINT NAME Mark Step                                                    | iens                                                                                           |                                 |                        | TELEPHONE NO. 281/552-1158               |  |
| (This space for State Use)                                                      |                                                                                                | Orig. Eign<br>Paul Ei<br>Geolog | er) by<br>autz<br>rist | APR 2 3 2001                             |  |
| APPROVED BY                                                                     | π                                                                                              | rleG <sup>©0101</sup>           | -                      | DATE                                     |  |
| CONDITIONS OF APPROVAL, IF ANY:                                                 |                                                                                                |                                 |                        |                                          |  |

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| e e si si                                                                                  |               |               |                            |                            |                     |                                                                                                                  |                         |                |                     |               |                       |
|--------------------------------------------------------------------------------------------|---------------|---------------|----------------------------|----------------------------|---------------------|------------------------------------------------------------------------------------------------------------------|-------------------------|----------------|---------------------|---------------|-----------------------|
| Submit to Appropriate<br>District Office<br>State Lease - 6 copies<br>Fee Lease - 5 copies |               | Ene           | St<br>rgy, Mineral         | ate of Nev<br>s and Natu   | v Mexic<br>Iral Res | o<br>ources Dep                                                                                                  | artment                 |                | - 115-11            |               | n C-105<br>sed 1-1-89 |
| DISTRICT                                                                                   |               |               |                            |                            |                     | TUICIC                                                                                                           |                         | ELL API NO.    |                     |               |                       |
| P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION                                   |               |               |                            |                            |                     |                                                                                                                  |                         |                | 30-025-3            | 5450          |                       |
| DISTRICT IL                                                                                |               |               |                            | 2040 Pach                  |                     |                                                                                                                  | 5.                      | Indicate Type  | Of Lease<br>STATI   | - <b>V</b>    |                       |
| P.O. Drawer DD, Artesi                                                                     | a, NM 88210   |               | Sant                       | ta Fe, NM                  | 1 87505             |                                                                                                                  | 6                       | State Oil & G  |                     | <u>5 [</u>    | FEE                   |
| DISTRICT III<br>1000 Rio Brazos Rd., A                                                     | ztec, NM 874  | 10            |                            |                            |                     |                                                                                                                  |                         |                | <u></u>             |               |                       |
| WELL CO                                                                                    | MPLETIO       | N OR RE       | COMPLETI                   | ON REPO                    | RT AND              | LOG                                                                                                              |                         |                |                     |               |                       |
| la. Type of Well:<br>OIL WELL                                                              | ] GAS         | WELL          |                            | OTHER                      |                     | · · · ·                                                                                                          |                         | Lease Name     | or Unit Agree       | ment Na       | me                    |
| b. Type of Completion:<br>NEW WORK DEEPEN DELUG DIFF<br>WELL OVER DEEPEN DEEPEN BACK OTHER |               |               |                            |                            |                     |                                                                                                                  |                         | hit            |                     |               |                       |
| 2. Name of Operator                                                                        | <u></u>       |               |                            |                            |                     |                                                                                                                  | 8                       | . Well No.     |                     |               |                       |
| Occidental Per                                                                             | rmian Lim     | ited Part     | nership                    |                            |                     |                                                                                                                  |                         |                | 612                 |               |                       |
| 3. Address of Operator                                                                     | ſ             |               |                            |                            |                     |                                                                                                                  | 9                       | . Pool name or | Wildcat             |               |                       |
| P.O. Box 4294                                                                              | , Houston,    | , TX 77       | 210-4294                   |                            |                     |                                                                                                                  |                         | Hobbs;         | Grayburg            | - San         | Andres                |
| 4. Well Location                                                                           |               |               |                            |                            | _                   |                                                                                                                  |                         |                |                     |               | _                     |
| Unit Letter                                                                                | <u> </u>      | 2220 Fe       | et From The                | Nort                       | <u>h</u>            | _ Line and                                                                                                       | 406                     | Feet Fre       | om The              | Wes           | t Line                |
| Section                                                                                    | 24            | т             | ownship                    | 18-S                       | Range               | 37-E                                                                                                             | NMI                     | PM             | Lea                 |               | County                |
| 10. Date Spudded                                                                           | 11. Date T.D  |               |                            | mpl. (Ready                |                     | and the second |                         | RKB, RT, G     |                     | . Elev. C     | Casinghead            |
| 12/3/01                                                                                    | 12            | /13/01        |                            | N/A                        | -                   |                                                                                                                  |                         | 6' GR          |                     |               | U .                   |
| 15. Total Depth                                                                            | 16.           | Plug Back T.  | D. 1                       | 7. If Multiple<br>Many Zon | Compl. H            | ow 18. 1                                                                                                         | Intervals<br>Drilled By | Rotary Too     | ols IC              | able Too      | ols                   |
| 44351                                                                                      | <u> </u>      | 439           |                            |                            |                     |                                                                                                                  |                         | 443            |                     |               |                       |
| 19. Producing Interval                                                                     |               | -             | -                          | c                          |                     |                                                                                                                  |                         | 20             | 0. Was Direct<br>No | ional Su      | rvey Made             |
| <b>4216' - 4327'</b><br>21. Type Electric and                                              | -             |               | Altites                    |                            |                     |                                                                                                                  |                         | 22. Was Wel    |                     |               |                       |
| AL Micro-CFL                                                                               | -             |               | N/NGT                      |                            |                     |                                                                                                                  |                         | No             |                     |               |                       |
| 23.                                                                                        |               |               | SING REC                   | CORD (R                    | eport a             | ll strings                                                                                                       | set in w                |                | ······              |               |                       |
| CASING SIZE                                                                                | WEIC          | GHT LB./FT.   | DEPT                       | H SET                      | HOL                 | E SIZE                                                                                                           | CE                      | EMENTING RE    | ECORD               | AM            | OUNT PULLED           |
| 14                                                                                         |               | ductor        | 4                          | 10                         | 1                   | .8                                                                                                               |                         | 50 ສະ.         | ·                   |               |                       |
|                                                                                            |               |               |                            |                            |                     |                                                                                                                  | <b></b>                 |                |                     |               |                       |
| 8-5/8                                                                                      |               | 24            | 1                          | 507                        | 12-                 | -1/4                                                                                                             |                         | <u>850 ax.</u> |                     |               | ·                     |
|                                                                                            |               |               |                            |                            |                     |                                                                                                                  |                         |                |                     |               |                       |
| 5-1/2                                                                                      | 1             | .5.5          |                            | 35                         | 7-                  | -7/8                                                                                                             |                         | 900 sx.        |                     |               | <u>-</u>              |
| 24.<br>SIZE                                                                                | TOP           | <u> </u>      | INER RECC<br>BOTTOM        | SACKS CE                   | MENT                | SCREEN                                                                                                           | 25.                     | SIZE           | DEPTH S             |               | DACKED SET            |
| 5122                                                                                       | 101           |               | BOTTOM                     | SACKOCE                    | INIEI I             | JUNE                                                                                                             |                         |                |                     | <u> </u>      | PACKER SET            |
|                                                                                            |               |               |                            | +                          |                     |                                                                                                                  |                         | 2-7/8          | 4139                | 17.22         |                       |
| 26. Perforation rec                                                                        | ord (interval | size and i    | number)                    | 1                          | <b>1</b>            | 27. ACID.                                                                                                        | SHOT 1                  | RACTUR         | (0)                 | -             | EEZE, ETC.            |
|                                                                                            |               | , 5120, and 1 | lamoer)                    |                            |                     | DEPTH INT                                                                                                        |                         | AMOU           | NT AND KIN          | DMAT          | ERIAL USED            |
| 101.01 (2007                                                                               |               |               |                            |                            |                     | 4216' -                                                                                                          | 4327'                   | 500 g          | al / 15% B          | CLUP          | <b>9</b> 002          |
| 4216' - 4327                                                                               | , 2 JSPF      |               |                            |                            |                     |                                                                                                                  |                         |                | - w                 | TiP!          | <u>()</u>             |
|                                                                                            | <b></b>       |               |                            | DDODI                      | CTION               | T                                                                                                                |                         |                | 12                  | ha            | JUDE SY               |
| 28<br>Date First Production                                                                |               | Production    | Method (Flowin             | PRODU                      |                     |                                                                                                                  |                         |                | Wall Stop           |               | or Shut-in)           |
|                                                                                            |               |               |                            |                            |                     | ith no tes                                                                                                       |                         |                |                     | aut-ir        | · · · · ·             |
| Date of Test                                                                               | Hours Te      | sted          | Choke Size                 | Prod'n Fo<br>Test Perio    | or O                | il - Bbl.                                                                                                        | Gas - MC                | 1              | r - Bbl.            |               | Dil Ratio             |
| Flow Tubing Press.                                                                         | Casing P      | ressure       | Calculated 24<br>Hour Rate | - Oil - Bbl.               |                     | Gas - MCF                                                                                                        | Wate                    | r - Bbl.       | Oil Gravity         | - API -       | (Corr.)               |
| 29. Disposition of Ga                                                                      | s (Sold, used | for fuel, ver | nted, etc.)                |                            |                     | •                                                                                                                |                         | Test W         | itnessed By         |               |                       |
| 30. List Attachments                                                                       |               |               |                            |                            |                     |                                                                                                                  |                         | <b>I</b>       |                     |               | <u> </u>              |
| Logs           31. I hereby certify t                                                      |               |               | ion Report                 | of this form is            | true and            | complete to the                                                                                                  | e best of m             | v knowledge o  | nd helief           |               |                       |
|                                                                                            |               |               |                            | Printed                    |                     |                                                                                                                  |                         | -              |                     |               |                       |
| Signature                                                                                  | VIWIN J       | rephen        | <u> </u>                   | Name                       | Mar                 | k Stephens                                                                                                       | 31                      | itle Bus.      | Analyst (           | <b>SG)</b> Da | te                    |

| Submit 3 Copies<br>to Appropriate<br>District Office                                                                 | State of New Mer<br>Energy, Minerals and Natural I                                                 | Resources Departme           | Form C-103<br>nt Revised 1-1-89                                          |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------|--|--|--|--|--|--|--|
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88241-1980<br>DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210<br>DISTRICT III | OIL CONSERVATIO<br>2040 Pacheco S<br>Santa Fe, NM 8                                                | St.                          | WELL API NO.<br>30-025-35450<br>5. Indicate Type of Lease<br>STATE X FEE |  |  |  |  |  |  |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>SUNDRY NOT<br>(DO NOT USE THIS FORM FOR PR<br>DIFFERENT RESE                 | <ul> <li>6. State Oil &amp; Gas Lease No.</li> <li>7. Lease Name or Unit Agreement Name</li> </ul> |                              |                                                                          |  |  |  |  |  |  |  |
| 1. Type of Well:<br>OIL<br>WELL X GAS<br>WELL<br>2. Name of Operator                                                 | C-101) FOR SUCH PROPOSALS.)                                                                        |                              | North Hobbs G/SA Unit<br>8. Well No.                                     |  |  |  |  |  |  |  |
| Occidental Permian Limited                                                                                           | Partmonthin                                                                                        |                              | 612                                                                      |  |  |  |  |  |  |  |
| 3. Address of Operator                                                                                               | -                                                                                                  |                              | 9. Pool name or Wildcat                                                  |  |  |  |  |  |  |  |
| P.O. Box 4294, Houston, TX                                                                                           | 77210-4294                                                                                         | _                            | Hobbs; Grayburg - San Andres                                             |  |  |  |  |  |  |  |
| 4. Well Location<br>Unit Letter <u>E</u> : 222                                                                       | O Feet From The North                                                                              | Line and40                   | 5 Feet From The West Line                                                |  |  |  |  |  |  |  |
| Section 24                                                                                                           |                                                                                                    | nge <b>37-E</b>              | NMPM Lea County                                                          |  |  |  |  |  |  |  |
|                                                                                                                      | 10. Elevation (Show whether                                                                        | r DF, RKB, RT, GR, etc.)<br> |                                                                          |  |  |  |  |  |  |  |
| 11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data                                        |                                                                                                    |                              |                                                                          |  |  |  |  |  |  |  |
| • NOTICE OF IN                                                                                                       | TENTION TO:                                                                                        | SUB                          | SEQUENT REPORT OF:                                                       |  |  |  |  |  |  |  |
|                                                                                                                      |                                                                                                    | REMEDIAL WORK                |                                                                          |  |  |  |  |  |  |  |
|                                                                                                                      | CHANGE PLANS                                                                                       | COMMENCE DRILLING            |                                                                          |  |  |  |  |  |  |  |
| PULL OR ALTER CASING                                                                                                 |                                                                                                    | CASING TEST AND CE           |                                                                          |  |  |  |  |  |  |  |
| OTHER:                                                                                                               |                                                                                                    | OTHER:                       | 2" Casing                                                                |  |  |  |  |  |  |  |

12. 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.

12/14/01: Run 110 jts. 5-1/2", 15.5#, J-55, LT&C casing with 12 centralizers and set at 4435'. Cement first stage with 300 sx. Premium Plus. Bump plug, drop bomb, and open DV tool. Circulate 84 xs. Cement second stage with 500 sx. Interfill 'C' and 100 sx. Premium Plus. Plug down and circulate 61 sx. Nipple down x set slips x rig down.

Release drilling rig at 11:00 p.m., 12/14/01.

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| I hereby certify that the information above is true and complete to the best of my knowledge and belief. |                                                      |                            |  |  |  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------|--|--|--|
| SKONATURE Mark Stephen                                                                                   | IIILE Business Analyst (SG)                          | DATE <u>12/17/01</u>       |  |  |  |
| TYPE OR PRINT NAME Mark Stephens                                                                         |                                                      | TELEPHONE NO. 281/552-1158 |  |  |  |
| (This space for State Use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:                                   | PAUL F. KAUTZ<br>PAUL F. KAUTZ<br>PETROLEUM ENGINEER | DADEC 2 6 2001             |  |  |  |

| Subinit 3 Copies<br>to Appropriate                                                                                                                  | State of New M<br>Energy, Minerals and Natura                                                                            |                                                                                       | Form C-103<br>Revised 1-1-89                                                                      |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|--|--|
| District Office                                                                                                                                     | ON CONCEDVATION                                                                                                          |                                                                                       |                                                                                                   |  |  |
| DISTRICT I<br>P.O. Box 1980, Hobbs NM 88241-1980                                                                                                    | OIL CONSERVATIO                                                                                                          |                                                                                       | WELL API NO.                                                                                      |  |  |
| DISTRICT II                                                                                                                                         | Santa Fe, NM                                                                                                             |                                                                                       | 30-025-35450                                                                                      |  |  |
| P.O. Drawer DD, Artesia, NM 88210                                                                                                                   | Santa i C, MM                                                                                                            | 01303                                                                                 | 5. Indicate Type of Lease                                                                         |  |  |
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410                                                                                                |                                                                                                                          |                                                                                       | 6. State Oil & Gas Lease No.                                                                      |  |  |
|                                                                                                                                                     | ICES AND REPORTS ON WE                                                                                                   |                                                                                       |                                                                                                   |  |  |
| SUNDRY NOTICES AND REPORTS ON WELL<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERM |                                                                                                                          | N OR PLUG BACK TO A                                                                   | 7. Lease Name or Unit Agreement Name                                                              |  |  |
|                                                                                                                                                     | -101) FOR SUCH PROPOSALS.)                                                                                               |                                                                                       | North Hobbs G/SA Unit                                                                             |  |  |
| I. Type of Well:<br>OIL<br>WELL X GAS<br>WELL                                                                                                       | OTHER                                                                                                                    |                                                                                       |                                                                                                   |  |  |
| 2. Name of Operator                                                                                                                                 |                                                                                                                          |                                                                                       | 8. Well No.                                                                                       |  |  |
| Occidental Permian Limited                                                                                                                          | Partnership                                                                                                              |                                                                                       | 612                                                                                               |  |  |
| 3. Address of Operator                                                                                                                              |                                                                                                                          |                                                                                       | 9. Pool name or Wildcat                                                                           |  |  |
| P.O. Box 4294, Houston, TX<br>4. Well Location                                                                                                      | 77210-4294                                                                                                               |                                                                                       | Hobbs; Grayburg - San Andres                                                                      |  |  |
| 4. Well Location<br>Unit LetterE :222                                                                                                               | O Feet From The North                                                                                                    | Line and 40                                                                           | D6 Feet From The West Line                                                                        |  |  |
|                                                                                                                                                     |                                                                                                                          |                                                                                       |                                                                                                   |  |  |
| Section 24                                                                                                                                          |                                                                                                                          | Range 37-E                                                                            | NMPM Lea County                                                                                   |  |  |
|                                                                                                                                                     | 10. Elevation (Show whet)                                                                                                | her DF, RKB, RT, GR, etc.<br>3676' GR                                                 | ) ())))))))))))))))))))))))))))))))))))                                                           |  |  |
|                                                                                                                                                     | ioto Dou to Indicate                                                                                                     |                                                                                       |                                                                                                   |  |  |
| Check A                                                                                                                                             | ppropriate Box to Indicate                                                                                               |                                                                                       | <b>-</b>                                                                                          |  |  |
| NOTICE OF IN                                                                                                                                        | TENTION TO:                                                                                                              | SUE                                                                                   | BSEQUENT REPORT OF:                                                                               |  |  |
|                                                                                                                                                     |                                                                                                                          | REMEDIAL WORK                                                                         |                                                                                                   |  |  |
|                                                                                                                                                     | CHANGE PLANS                                                                                                             | COMMENCE DRILLIN                                                                      | IG OPNS.                                                                                          |  |  |
| PULL OR ALTER CASING                                                                                                                                | · · · · · · ·                                                                                                            | CASING TEST AND C                                                                     |                                                                                                   |  |  |
| OTHER:                                                                                                                                              |                                                                                                                          | OTHER: Soud & Run Surface Casing                                                      |                                                                                                   |  |  |
| <ol> <li>Describe Proposed or Completed Op<br/>work) SEE RULE 1103.</li> <li>12/3/01: ML x RU. Sp</li> </ol>                                        | vad 12-1/4" hole at 7:00 p.m                                                                                             |                                                                                       |                                                                                                   |  |  |
| 12/7/01 -                                                                                                                                           |                                                                                                                          |                                                                                       |                                                                                                   |  |  |
| -                                                                                                                                                   | 8-5/8", 24#, J-55, ST&C ca                                                                                               | -                                                                                     | alizers and set at 1507                                                                           |  |  |
| Cement with                                                                                                                                         | 1 600 sx. PBCZ followed by 2                                                                                             |                                                                                       |                                                                                                   |  |  |
|                                                                                                                                                     |                                                                                                                          |                                                                                       | is. Find down and criticitade                                                                     |  |  |
| 88 sx. to a                                                                                                                                         | surface. WOC. Nipple up and                                                                                              |                                                                                       | t cement and chesume drilling                                                                     |  |  |
|                                                                                                                                                     | surface. WOC. Nipple up and                                                                                              |                                                                                       | at cement and resume drilling                                                                     |  |  |
| 88 sx. to a                                                                                                                                         | surface. WOC. Nipple up and                                                                                              |                                                                                       | t cement and resume drilling                                                                      |  |  |
| 88 sx. to a                                                                                                                                         | surface. WOC. Nipple up and                                                                                              |                                                                                       | at cement and resume drilling                                                                     |  |  |
| 88 sx. to a                                                                                                                                         | surface. WOC. Nipple up and                                                                                              |                                                                                       | at cement and resume drilling                                                                     |  |  |
| 88 sx. to a operations.                                                                                                                             | surface. WOC. Nipple up and                                                                                              | test BOP. Drill ou                                                                    | at cement and resume drilling                                                                     |  |  |
| 88 sx. to a operations.                                                                                                                             | surface. WOC. Nipple up and                                                                                              | test BOP. Drill ou                                                                    | nalvst (SG) DATE                                                                                  |  |  |
| 88 spc. to a operations.                                                                                                                            | surface. WOC. Nipple up and                                                                                              | test BOP. Drill ou                                                                    | malvst (SG) DATE 12/11/01                                                                         |  |  |
| 88 SDC. to a<br>operations.<br>I hereby certify that the information above is<br>SIGNATURE                                                          | surface. WOC. Nipple up and                                                                                              | test BOP. Drill ou<br>and belief.<br>THE <u>Business A</u><br>CRIGMAL SI<br>FAUL F. H | malvet (SG)     DATE     12/11/01       TELEPHONE NO.     281/552-1158       GNED BY       (AUTZ) |  |  |
| 88 SDC. to a<br>operations.<br>I hereby certify that the information above is<br>SKINATURE Mark Step<br>TYPE OR PRINT NAME Mark Step                | surface. WOC. Nipple up and<br>true and complete to the best of my knowledge<br>μα μα μ | test BOP. Drill ou<br>e and belief.<br>THE <u>Business A</u><br>CRICIMAL SI           | malvet (SG)     DATE     12/11/01       TELEPHONE NO.     281/552-1158       GNED BY       (AUTZ) |  |  |

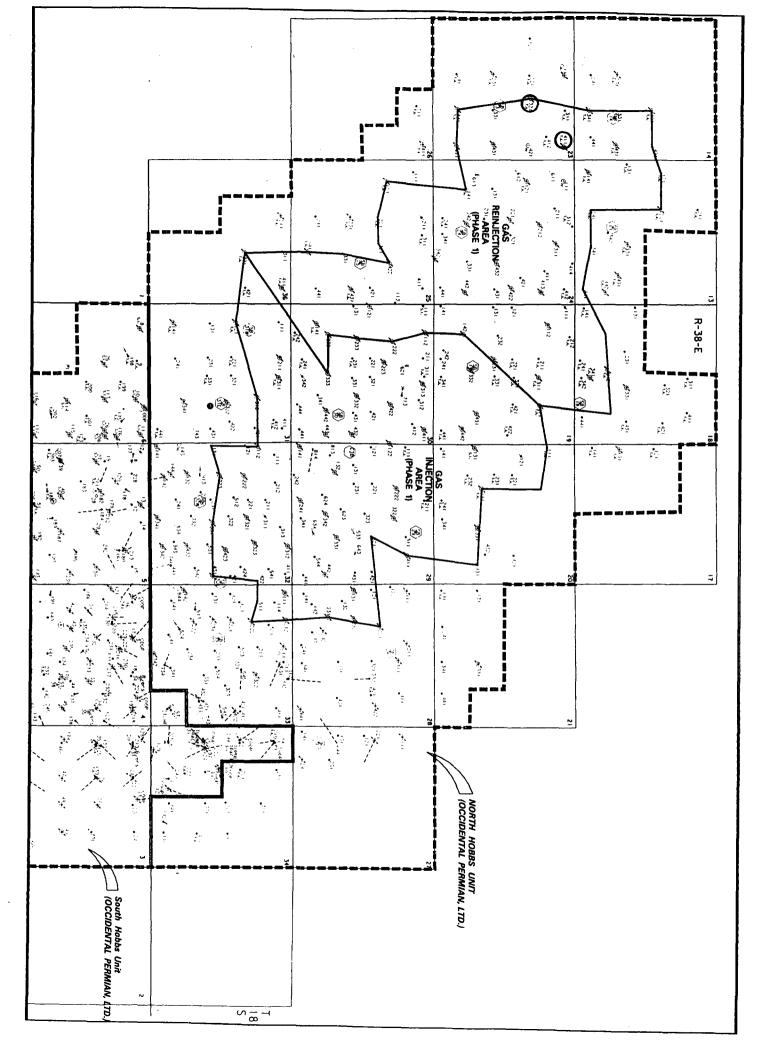


Exhibit 2.0 - Showing the location of the wells in Oxy's North Hobbs Unit CO2 Injection Project

## LIST OF OFFSET OPERATORS & SURFACE OWNERS

North Hobbs (Grayburg/San Andres) Unit Well No. 321 API No. 30-025-05463 Letter G, Section 23, T-18-S, R-37-E Lea Co., NM

North Hobbs (Grayburg/San Andres) Unit Well No. 411 API No. 30-025-12783 Letter A, Section 23, T-18-S, R-37-E Lea Co., NM

#### **Offset Operators**

Occidental Permian Limited Partnership P.O. Box 4294 Houston, TX 77210-4294

#### **Surface Owners**

State of New Mexico Commissioner of Public Lands P.O. Box 1148 Santa Fe, NM 87504-1148

| SENDER: COMPLETE THIS SECTION                                                                                                                                   | COMPLETE THIS SECTION ON DELIVERY                                                                                                                       |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <ul> <li>Complete items 1, 2, and 3. Also complete<br/>item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse</li> </ul> | A. Signature                                                                                                                                            |  |  |
| <ul> <li>so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,<br/>or on the front if space permits.</li> </ul>        | B. Received by ( Printed Name) C. Date of Delivery                                                                                                      |  |  |
| 1. Article Addressed to:                                                                                                                                        | D. Is delivery address different from item 1?  Yes<br>If YES, enter delivery address below:  No                                                         |  |  |
| State of New Mexico<br>Commissioner of Public Lands                                                                                                             |                                                                                                                                                         |  |  |
| P.O. Box 1148<br>Santa Fe, NM 87504-1148                                                                                                                        | 3. Service Type         X Certified Mail       Express Mail         Registered       X Return Receipt for Merchandise         Insured Mail       C.O.D. |  |  |
| ·<br>•                                                                                                                                                          | 4. Restricted Delivery? (Extra Fee)                                                                                                                     |  |  |
| 2. Article Number<br>(Transfer from service label) 7004                                                                                                         | 1160 0007 0743 4033                                                                                                                                     |  |  |
| PS Form 3811, February 2004 Domestic Re                                                                                                                         | turn Receipt 102595-02-M-1540                                                                                                                           |  |  |

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### AFFIDAVIT OF PUBLICATION

State of New Mexico, County of Lea.

#### I, KATHI BEARDEN

#### Publisher

of the Hobbs News-Sun, a newspaper published at Hobbs, New Mexico, do solemnly swear that the clipping attached hereto was published once a week in the regular and entire issue of said paper, and not a supplement thereof for a period.

of \_\_\_\_\_1

weeks.

Beginning with the issue dated

October 23 2005 and ending with the issue dated

October 23 \_\_\_\_\_ 2005

achi Blady

Publisher Sworn and subscribed to before

24th me this\_\_\_\_ \_\_\_\_\_day of

October 2005 Notary Public.

My Commission expires February 07, 2009 (Seal)



OFFICIAL SEAL DORA MONTZ NOTARY PUBLIC STATE OF NEW MEXICO My Commission Expires:

This newspaper is duly qualified to publish legal notices or advertisements within the meaning of Section 3, Chapter 167, Laws of 1937, and payment of fees for said publication has been made.

| 4294, Rm<br>(713/366-)  | ted Partnersh<br>19.013 - Gi<br>158), to the C                                                                 | RWY 5<br>Dil Cons | Houstor     | i, TX 77<br>Division, I                         | 210-4294<br>New Mex-                  |
|-------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|-------------|-------------------------------------------------|---------------------------------------|
| for approv              | y, Minerals ar<br>al of the follow                                                                             | nd Natu           | ral Resol   | irces De                                        | partment,                             |
| of second.              | ary recovery:                                                                                                  |                   |             |                                                 | i hnihose                             |
| đ.                      | and a second |                   | 1.1.1       | 11 200                                          |                                       |
| Pool Nam                | e: Hobbs; Gray                                                                                                 | /burg - S         | San Andre   | 8                                               |                                       |
| Lease/Uni<br>Well No. 3 | Name: North                                                                                                    | Hobbs             | G/SA Unit   | i se la                                         |                                       |
|                         |                                                                                                                |                   | lm14 1 - 44 |                                                 | 1.11 - 1.1<br>00 - <b>T</b> 1.0       |
| S. R-37-E               | FNL & 1650                                                                                                     | FEL, L            | mit Letter  | G, Sec.                                         | 23, 1-18-                             |
|                         | 12 A                                                                                                           | 1 8 1<br>1 8 1    | a transis.  |                                                 | (2, 1)                                |
| Pool Name               | : Hobbs; Gray                                                                                                  | /burg - S         | San Andre   | 8                                               | 1<br>1 - 1 - 1 <sup>-1</sup>          |
| Lease/Uni               | Name: North                                                                                                    | Hobbs             | G/SA Unit   |                                                 |                                       |
| Well No. 4              |                                                                                                                |                   | 学校学校        |                                                 | -*,"                                  |
| Loc: 330'               | FNL & 330' F                                                                                                   | EL, Uni           | t Letter A  | , Sec. 23                                       | ), T-18-S,                            |
| R-37-E                  | 29、111年1月1日(1)<br>1925年1月1日(1)<br>1925年1月1日(1)                                                                 |                   |             | an | · · · · · · · · · · · · · · · · · · · |
|                         | on formation                                                                                                   | ie the i          | dobbe: G    | a di ira i                                      | Con An                                |
| dres Pool               | Between the                                                                                                    | interva           | ls of +/-3  | 290019 -<br>680' and                            |                                       |
| below the               | surface of the                                                                                                 | ground            | I. Expecte  | d maxim                                         | um iniec-                             |
|                         | 9000 BWPD                                                                                                      |                   |             |                                                 |                                       |

LEGAL NOTICE

87504 within fifteen (15) days. #21877

02101173000 67534056 OCCIDENTAL PERMIAN LIMITED P. O. BOX 4294 HOUSTON, TX 77210-4294 **Message** 

## Catanach, David, EMNRD

| From:    | Mark_Stephens@oxy.com                |
|----------|--------------------------------------|
| Sent:    | Tuesday, January 31, 2006 5:30 AM    |
| To:      | Catanach, David, EMNRD               |
| Subject: | RE: NHU No. 23-321 (Reactivate Well) |

)avid -

After discussing this with our Hobbs office, let's go ahead and permit Well No. 321 for **all** injectants (water, CO2, produced gas) in accordance with Order R-6199-B. However, Well No. 411 is to be permitted for **water only** as originally requested in the C-108 illing of 1/9/06.

Now, my next question is, does my proposed letter for Well No. 321 ('Request to Reactivate Well') need to be reworded to account or all injectants? Right now it states "water injection only".

hanks.

**AES** 

----Original Message----From: Catanach, David, EMNRD [mailto:david.catanach@state.nm.us]
Sent: Monday, January 30, 2006 10:44 AM
To: Stephens, Mark E. (Houston)
Subject: RE: NHU No. 23-321 (Reactivate Well)

That's fine Mark. I do have another question. Both these wells are in the Phase I Area. Are they both going to be used for water injection only, or should we set them up for gas injection?

DRC

From: Mark\_Stephens@oxy.com [mailto:Mark\_Stephens@oxy.com]
Sent: Friday, January 27, 2006 9:49 AM
To: Catanach, David, EMNRD
Subject: NHU No. 23-321 (Reactivate Well)

David -

Attached is 'proposed' correspondence for the subject well as we discussed yesterday. Please let me know if this looks OK, and if so, I will mail the original to you today. If corrections or additions are required, please advise as well. Thank you.

Mark Stephens Oxy Permian Ltd. Houston, TX

(713) 366-5158 <W> (713) 366-5381 <F>

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