

HOBBS OCDState of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

APR 09

OIL CONSERVATION DIVISION1220 South St. Francis Dr.
Santa Fe, NM 87505**DISTRICT I**
1625 N French Dr., Hobbs, NM 88240**DISTRICT II**
1301 W Grand Ave, Artesia, NM 88210**DISTRICT III**
1000 Rio Brazos Rd, Aztec, NM 87410**RECEIVED**

WELL API NO 30-025-28969	
5 Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6 State Oil & Gas Lease No	
7 Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit COOP	
8 Well No COOP 10	
9 OGRID No 157984	
10 Pool name or Wildcat Hobbs (G/SA)	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals)	
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>	
2 Name of Operator Occidental Permian Ltd	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4 Well Location Unit Letter <u>K</u> <u>2564'</u> Feet From The <u>South</u> <u>1607</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3643' KB	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls, Construction Material _____	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <u>Coiled tubing job</u> <input checked="" type="checkbox"/>		OTHER _____ <input type="checkbox"/>	

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. RU coiled tubing unit.
2. Clean out well
3. Acid treat with 2000 gal of 15% NEFE HCL
4. POOH w/coil tb unit
5. Test csg and chart for NMOGD
6. Return to Inj

I hereby certify that the information above is true and complete to the best of my knowledge and belief I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐SIGNATURE [Signature] TITLE well analyst DATE 4-4-12
TYPE OR PRINT NAME Rubio Uribe E-mail address: Rubio.Uribe@oxy.com TELEPHONE NO 806-592-6287For State Use Only
APPROVED BY [Signature] TITLE Staff MGR DATE 4-9-2012**Condition of Approval:** The operator shall give 24 hour notice to the appropriate District office before work begins**Condition of Approval:** Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.

APR 10 2012