

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

1220 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

WELL API NO.	30-025-07410
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	North Hobbs (G/SA) Unit Section 27
8. Well No.	131
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 G101) for such proposals.)

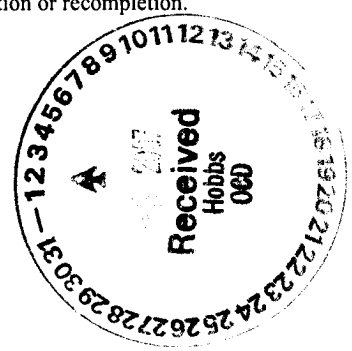
1. Type of Well:	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator	Occidental Permian Ltd.
3. Address of Operator	HCR 1 Box 90 Denver City, TX 79323
4. Well Location	Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> <u>412</u> Feet From The <u>West</u> Line Section <u>27</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.)	3638' 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>Run CNL/Acid Treat</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.

- Kill well. Pull out of hole with ESP equipment.
- RIH with bit, scraper & drill collars. Clean out well to TD @4252'.
- Run CNL/GR/CCL log from PBDT to ±3300'.
- Acid treat open hole with 15% HCL acid. Flush with fresh water
- Perform scale squeeze.
- RIH with ESP equipment.
- Return well to production.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 01/30/2007
 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only
 APPROVED BY Gay W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE _____
 CONDITIONS OF APPROVAL IF ANY:

FEB 14 2007