Form C-103 Revised 5-27-2004

State of New Mexico

Firstey, Minerals and Natural Resources Department

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I 1625 N. French Dr., Hobbs, NNMAR49 3 2008	1220 South St. Francis Dr.	WELL API NO. 30-025-34375
DISTRICT II	Santa Fe, NM 87505	
1301 W. Grand Ave, Auto C.		5. Indicate Type of Lease STATE X FEE
DISTRICT III		6. State Oil & Gas Lease No.
1000 Rio Brazos Rd, Aztec, NM 87410		
SUNDRY NOTICES AND REPO	ORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL		North Hobbs (G/SA) Unit
DIFFERENT RESERVOIR USE "APPLICATION FOR PE	RMIT" (Form C-101) for such proposals.)	Section 32
1. Type of Well.		8. Well No. 542
Oil Well X Gas Well	Other	
2 Name of Operator		9 OGRID No. 157984 —
Occidental Permian Ltd. 3. Address of Operator		10 Professor Wildow XX 11 (C/CA)
HCR 1 Box 90 Denver City, TX 79323		10. Pool name or Wildcat Hobbs (G/SA)
4. Well Location		
Unit Letter I . 1650 Feet From The South 630 Feet From The East Line		
Section 32 Township	18-S Range 38-	E NMPM Lea County
•	w whether DF, RKB, RT GR, etc.)	E NMPM Lea County
3635' GL	,	
Pit or Below-grade Tank Application or Closure		
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		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABAND		ALTERING CASING .
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OF	
PULL OR ALTER CASING Multiple Completion		
		NI JOB
OTHER Add perforations, acid treat	X OTHER:	
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. POOH w/ESP equipment. Clean out to PBTD.		
3. Run CNL/CCL/GR log from PBTD to 3000'.		
4. Push CIBP to bottom.		
5. Acid treat well.		
6. Perform scale squeeze.		
7. Run back in hole w/ESP equipment.8. Return well to production.		
6. Return wen to production.		
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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		
Marie Marie Andrews	plan	The second secon
SIGNATURE - NINGLY OF CAST	TITLE Administrative	AssociateDATE02/26/2008
TYPE OR PRINT NAME Mendy A. Johnson E-m	nail address: Mendy johnson@oxy.com	
For State Use Only APPROVED BY CONDITIONS OF APPROVED BY CONDITIONS OF APPROVED BY TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGED DATE MAR 0 6 2008		
APPROVED BY Mis Welling	TITLE	ENERAL MANAGED DATE MAR 0 6 2008
CONDITIONS OF APPROVAL IF ANY		TO TOOO