State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE VATION DIVISION WELL API NO. DISTRICT I 1220 South St. Francis Dr. 1625 N. French Dr., Hobbs, NM 88240 30-025-29074 SEP 3 0 2008 nta Fe, NM 87505 DISTRICT II 5. Indicate Type of Lease STATE 🔀 FEE 💉 1301 W. Grand Ave, Artesia, NM 88210 6. State Oil & Gas Lease No DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 7. Lease Name or Unit Agreement Name (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A North Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) Section 32 8. Well No. 1. Type of Well. Oıl Well Gas Well Injector 2. Name of Operator 9. OGRID No. 157984 Occidental Permian Ltd. 3. Address of Operator 10. Pool name or Wildcat Hobbs (G/SA) HCR 1 Box 90 Denver City, TX 79323 4. Well Location Feet From The Feet From The Unit Letter 1385 North Line and 110 Line Section 32 Township 18-S Range 38-E NMPM County Lea 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3644' GL Pit or Below-grade Tank Application or Closure Depth of Ground Water Distance from nearest fresh water well Distance from nearest surface water Pit Type Below-Grade Tank: Volume ______ bbls; Construction Material Pit Liner Thickness 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG & ABANDONMENT** PULL OR ALTER CASING Multiple Completion CASING TEST AND CEMENT JOB OTHER: OTHER. Casing Integrity Test 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. Test Date: 09/17/2008 Pressure Reading: Initial - 600 PSI; 15 min - 600 PSI; 30 min - 600 PSI Length of pressure test: 30 minutes Witnessed: NO 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 closed according to NMOCD guidelines a general permit or an (attached) alternative OCD-approved plan SIGNATURE TITLE DATE Administrative Associate 09/23/2008 TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy johnson@oxy.com TELEPHONE NO. 806-592-6280 For State Use Only OC PRELD REPRESENTATIVE 11/STAFF MANAGE APPROVED BY CONDITIONS OF APPROVAL F ANY:

