

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

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.                         | 30-025-26833   |
| 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  |
| 8. Well No.                          | 222  |
| 9. OGRID No.                         | 157984   |
| 10. Pool name or Wildcat             | HOBBS (G/SA)   |

|   |                                       |
|---|---------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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:<br>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Wtr Injector <input type="checkbox"/>   | 8. Well No. 222                       |
| 2. Name of Operator<br>Occidental Permian Ltd.  | 9. OGRID No. 157984                   |
| 3. Address of Operator<br>1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200   | 10. Pool name or Wildcat HOBBS (G/SA) |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1470</u> Feet From The <u>NORTH</u> <u>1395</u> Feet From The <u>WEST</u> Line<br>Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County<br>11. Elevation (Show whether DF, RKB, RT GR, etc.)<br>3655 GL   |                                       |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____ |                                       |

|   |   |
|---|---|
| 12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data |   |
| <b>NOTICE OF INTENTION TO:</b>  | <b>SUBSEQUENT REPORT OF:</b>                        |
| PERFORM REMEDIAL WORK <input type="checkbox"/>                                | REMEDIAL WORK <input type="checkbox"/>              |
| TEMPORARILY ABANDON <input type="checkbox"/>                                  | COMMENCE DRILLING OPNS. <input type="checkbox"/>    |
| PULL OR ALTER CASING <input type="checkbox"/>                                 | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER: <u>Add perfs and acidize</u> <input checked="" type="checkbox"/>       | OTHER: _____ <input type="checkbox"/>               |
| PLUG AND ABANDON <input type="checkbox"/>                                     | ALTERING CASING <input type="checkbox"/>            |
| CHANGE PLANS <input type="checkbox"/>   | PLUG & ABANDONMENT <input type="checkbox"/>         |
| Multiple Completion <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. Pull equipment.
2. Perforate 4224-60.
3. Acid stimulate.
4. Run CO2 injection equipment.

Establish injector as produced gas injector under section 18, page 12 of Division Order R-6199-B.

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 NMOCDD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David Nelson TITLE Engineering Advisor DATE 2-21-05

TYPE OR PRINT NAME David Nelson E-mail address: \_\_\_\_\_ TELEPHONE NO. 505-397-8200

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APPROVED BY Hayden W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAR 02 2005

CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_