

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

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

OIL CONSERVATION DIVISION

HOBBS OGD South St. Francis Dr.
Santa Fe, NM 87505

JUN 17 2011

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS		WELL API NO 30-025-07481	
(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.)		5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector		6 State Oil & Gas Lease No.	
2 Name of Operator Occidental Permian Ltd.		7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit <input checked="" type="checkbox"/> Section 30	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323		8 Well No 131	
4 Well Location Unit Letter L 2310 Feet From The South 330 Feet From The West Line Section 30 Township 18-S Range 38-E NMPM Lea County		9 OGRID No 157984	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3656' GL		10. Pool name or Wildcat Hobbs (G/SA) <input checked="" type="checkbox"/>	
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: Clean out/Plug back/Squeeze/Acid Treat <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. Kill well.
2. Clean out to PBTB @4270'.
3. Plug back to 4202'.
4. Squeeze perms.
5. Acid treat tw/1500 gal of 15% NEFE HCL acid
6. Perform scale squeeze.
7. Run back in hole w/injection equipment.
8. Test casing and chart for the NMOCD.
9. Return well to injection.

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 06/15/2011
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 [Signature] DISTRICT 1 SUPERVISOR [Signature] DATE JUN 17 2011
CONDITIONS OF APPROVAL IF ANY _____

JUN 20 2011