

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**

1220 South St. Francis Dr.  
Santa Fe, NM 87505

JAN 06 2012

RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS		WELL API NO 30-025-07077	
(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 type="checkbox"/> FEE <input checked="" 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 Section 30	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323		8 Well No 111	
4 Well Location Unit Letter D 330 Feet From The North 330 Feet From The West Line Section D Township 18-S Range 38-E NMPM Lea County		9 OGRID No 157984	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3650' GL		10 Pool name or Wildcat Hobbs (G/SA)	
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 checked="" 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 Coiled tubing job <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. RU coiled tubing unit.
3. Clean out to PBTD @4275'.
4. Acid treat w/1500 gal of 15% NEFE HCL acid.
5. RD coiled tubing unit.
6. 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	01/03/2012
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]	TITLE	Staff MGR	DATE	1-9-2012
CONDITIONS OF APPROVAL IF ANY					

JAN 10 2012