

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

HOBBS OIL CONSERVATION DIVISION

DISTRICT I
1625 N French Dr , Hobbs, NM 88240

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

DISTRICT II
1301 W Grand Ave, Artesia, NM 88210

JAN 06 2012

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

RECEIVED

| SUNDRY NOTICES AND REPORTS ON WELLS (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 Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector | WELL API NO 30-025-07481 |
| 2 Name of Operator Occidental Permian Ltd. | 5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 3 Address of Operator HCR 1 Box 90 Denver City, TX 79323 | 6 State Oil & Gas Lease No |
| 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 | 7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 30 |
| | 8 Well No 131 |
| | 9 OGRID No 157984 |
| | 10 Pool name or Wildcat Hobbs (G/SA) |
| 11 Elevation (Show whether DF, RKB, RT GR, etc) 3656' GL | |
| 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 _____ | |

| 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS <input type="checkbox"/> |
| OTHER: Clean out/Acid Treat <input checked="" type="checkbox"/> | PLUG & ABANDONMENT <input type="checkbox"/> |
| | CASING TEST AND CEMENT JOB <input 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 @4270'.
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

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APPROVED BY [Signature] TITLE Staff Mgr DATE 1-9-2012

CONDITIONS OF APPROVAL IF ANY

JAN 10 2012