

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

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|---|
| WELL API NO. 30-025-29073 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. |
| 7. Lease Name or Unit Agreement Name NORTH HOBBS (G/SA) UNIT Section 24 |
| 8. Well No. 432 |
| 9. OGRID No. 157984 |
| 10. Pool name or Wildcat HOBBS (G/SA) |

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| 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 | |
| 2. Name of Operator Occidental Permian Ltd. | |
| 3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200 | |
| 4. Well Location Unit Letter I : 2480 Feet From The SOUTH 1280 Feet From The EAST Line Section 24 Township 18-S Range 37-E NMPM LEA County | |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3666' 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 _____ | |

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|---|--|---|---|
| 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 checked="" 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: _____ | <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.

- RUPU. Pull Injection equipment. Set 7" CIBP @4250'.
- Perforate the following intervals: 4185-92 using 2 spf and 180 deg ph.
- Stimulate perms 4175-4238 w/1260 g 15% NEFE HCL acid.
- RIH w/7" Guiberson UNI VI pc pkr, XL on/off tool w/1.875 ss "F" nipple. 130 jts 2-7/8" Duoline tbg. Pkr set @4108'.
- Load csg w/135 bbl pkr fluid. Tst csg to 640 psi for 30 min and chart for the NMOCD.
- RDPU. Clean Location.

Rig Up Date: 03/22/2005

Rig Down Date: 03/31/2005

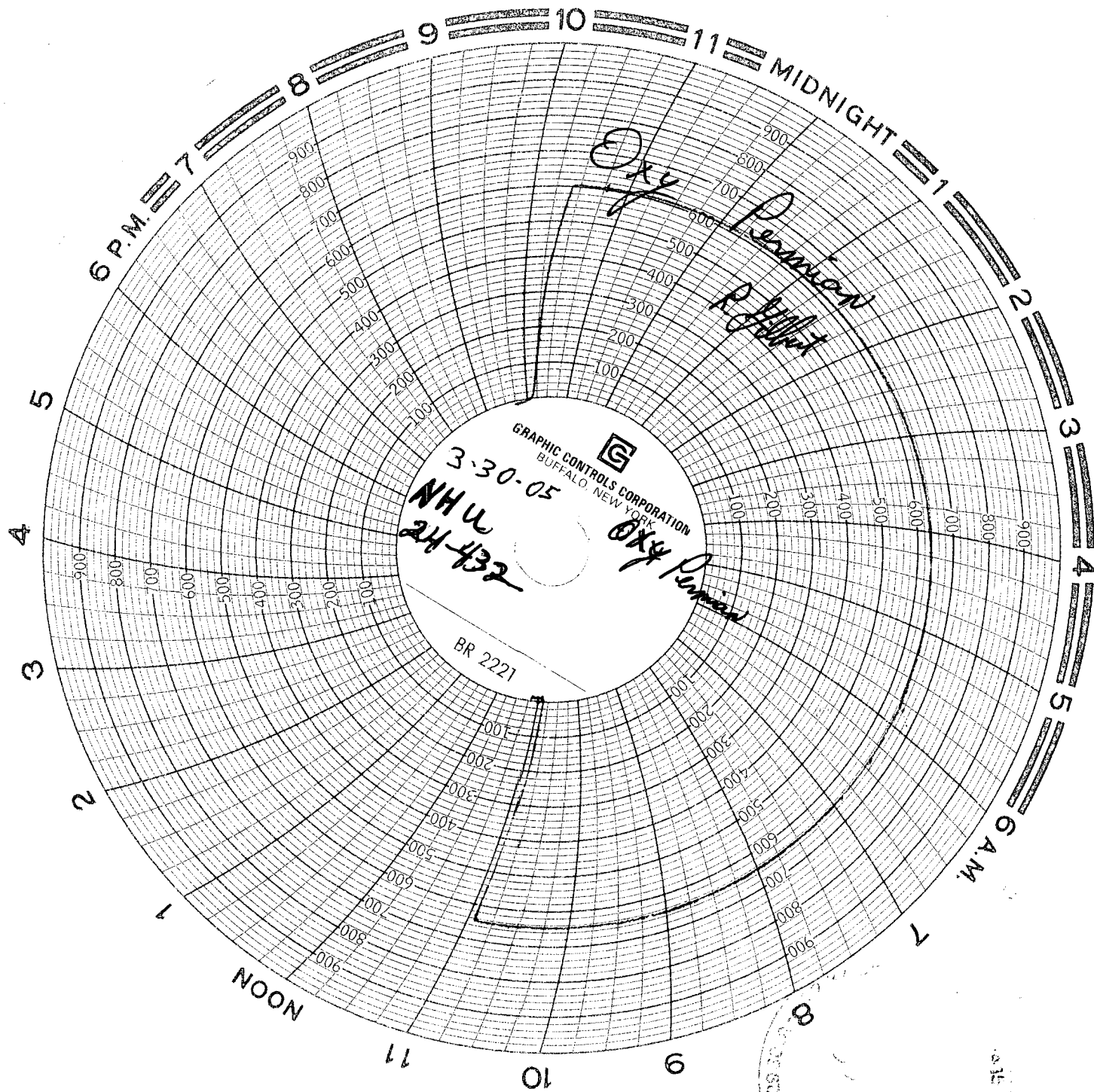
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Robert Gilbert TITLE Workover Completion Specialist DATE 04/01/2005
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY Chris Williams OC DISTRICT SUPERVISOR TITLE SUPERVISOR DATE 4/22/05

CONDITIONS OF APPROVAL IF ANY:



RECEIVED
JAN 25 1965
U.S. GEOLOGICAL SURVEY