State of New Mexico HOBBE Minerals and Natural Resources Department Form C-103 Revised 5-27-2004 FILE IN TRIPLICATE **OIL CONSERVATION DIVISION** APR 09 WELL API NO DISTRICT I 1220 South St. Francis Dr. 2 1625 N French Dr , Hobbs, NM 88240 30-025-28308 Santa Fe, NM 87505 DISTRICT II 5 Indicate Type of Lease RECEIVED STATE FEE 1301 W Grand Ave, Artesia, NM 8821,0 Х 6 State Oil & Gas Lease No DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 7 Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A South Hobbs (G/SA) Unit Coop DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals ) 8 Well No 1 Type of Well 5 Oil Well Gas Well Othe Injector 2 Name of Operator 9 OGRID No 157984 Occidental Permian Ltd. 3 Address of Operator 10 Pool name or Wildcat Hobbs (G/SA) HCR 1 Box 90 Denver City, TX 79323 4 Well Location Unit Letter L Feet From The 1980 Feet From The Line South 646 West Section Township 18-S Range NMPM County 34 38-E Lea 11 Elevation (Show whether DF, RKB, RT GR, etc.) 3617' DF Pit or Below-grade Tank Application or Closure 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 12. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. **PLUG & ABANDONMENT** PULL OR ALTER CASING CASING TEST AND CEMENT JOB Multiple Completion OTHER х OTHER. Coiled tubing job 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. RU Coiled tubing unit. 2 Break circulation and tag PBTD @4450. 3. Water wash perfs. 4. Close backside in and acidize perfs with 2500 gal of 15% HCL acid. 5. Open backside & go to bottom 6 RD Coiled tubing unit. 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 Kabbie 1) adachill SIGNATURE well Analyt TITLE DATE 4-4-12 TYF

TYPE OR PRINT NAME Remail address: Rb	+-Underhall e Dry TELEPHONE NO 806-392	2-6287
For State Use Only	1000	
APPROVED BY	TILE STATE DATE 4-9-	-2012
Condition of Approval: the operator shall give 24 hour		
notice to the appropriate District office before work begins.	APR 10	2012
		2012