

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S St Francis Dr., Santa Fe, NM 87505

HOBBS OGD

OIL CONSERVATION DIVISION

APR 09 2012 1220 South St. Francis Dr.
Santa Fe, NM 87505

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 ☒ Gas Well ☐ Other ☐

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter N : 780 feet from the South line and 1940 feet from the West line
Section 18 Township 18S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3642' KB

WELL API NO.
30-025-38110

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
North Hobbs (G/SA) Unit
Section 18

8. Well Number 529

9. OGRID Number: 157984

10. Pool name or Wildcat Hobbs (G/SA)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 1) POOH with prod equip.
- 2) Clean out to 4378'
- 3) Run pkr. Set at 4120'
- 4) Run prod flow log. Identify high GOR layers
- 5) POOH with pkr
- 6) Sqz high GOR layers
- 7) Do cmt sqz.
- 8) Return well to production

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Steve Snead TITLE Lift Specialist DATE 4/3/2012

Type or print name Steve Snead E-mail address: steve_snead@oxy.com PHONE: 806-592-6312
For State Use Only

APPROVED BY: [Signature] TITLE Staff Manager DATE 4-9-2012

APR