

Submit 1 Copy To Appropriate District
Office
District I - (575) 393-6161
1625 N French Dr, Hobbs, NM 88241
District II - (575) 748-1283
811 S. First St, Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd, Aztec, NM 87418
District IV - (505) 476-3460
1220 S St Francis Dr, Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised August 1, 2011

HOBBS OCD

OIL CONSERVATION DIVISION

JUN 22 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)		WELL API NO. 30-025-30258
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Occidental Permian Ltd.		6. State Oil & Gas Lease No.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323		7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 32
4. Well Location Unit Letter C : 639 feet from the North line and 1885 feet from the West line Section 32 Township 18S Range 38E NMPM Lea County		8. Well Number 212
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3660.8 GL		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 4305
- 3) Acid treat with 1500 gal.
- 4) RIH with prod equipment
- 5) 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 6/20/12

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 WELL DATE 6-25-2012
Conditions of Approval (if any):

JUN 26 2012