

**HOBBS OCD**

**JUL 16 2012**

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

DISTRICT I  
1625 N French Dr., Hobbs, NM 88249

**RECEIVED**

1220 South St. Francis Dr  
Santa Fe, NM 87505

WELL API NO 30-025-28331
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No
7. Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit
8. Well No 127
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

DISTRICT II  
1301 W Grand Ave. Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

**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 Injector

2. Name of Operator Occidental Permian Ltd

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

4. Well Location  
Unit Letter L 1980 Feet From The South 860 Feet From The West Line  
Section 34 Township 18-S Range 38-E NMPM Lea County

11. Elevation (Show whether DF, RKB, RT GR, etc)  
3629' KB

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 \_\_\_\_\_

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

<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>		
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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: <u>Coiled tubing job</u> <input checked="" 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.

- RU coiled tubing unit
- Clean out to 4394' Circulate clean
- Acid wash peris 4180-4394' w/ 2000 gal of 15% NITL acid. Circulate clean
- POOH and RD coiled tubing unit.
- Return well to injection

RU 05/31/2012  
RD 05/31/2012

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 NMOCID guidelines , a general permit  or an (attached) alternative OCD-approved plan

SIGNATURE: Mendy A Johnson TITLE: Administrative Associate DATE: 07/11/2012  
 TYPE OR PRINT NAME: Mendy A. Johnson E-mail address: mendy\_johnson@ony.com TELEPHONE NO: 806-592-6280

For State Use Only  
 APPROVED BY: [Signature] TITLE: DIST. MGR DATE: 7-  
 CONDITIONS OF APPROVAL IF ANY \_\_\_\_\_

JUL 17 2012