

HOBBS OCD

State of New Mexico
 JUL 16 2012 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 88240

RECEIVED

1220 South St. Francis Dr
 Santa Fe, NM 87505

DISTRICT II

1301 W Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.
 30-025-28332 ✓

5 Indicate Type of Lease
 STATE ☐ FEDERAL ☒

6 State Oil & Gas Lease No

7 Lease Name or Unit Agreement Name
 South Hobbs(G/SA) Unit ✓

8 Well No 128 ✓

9 OGRID No 157984 ✓

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

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 D 335 Feet From The North 520 Feet From The West Line
 Section 3 Township 19-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

| NOTICE OF INTENTION TO | | SUBSEQUENT REPORT OF: | |
|--|--|---|---|
| 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

- 1 RU coiled tubing unit.
- 2 RHH & clean out to 4937'. Circulate clean
- 3 Acid wash perms 4166-4268' w/2000 gal of 15% NEFT HCL acid Circulate clean
- 4 POOH and RD coiled tubing unit.
- 5 Return well to injection.

RL: 06/04/2012
 RD: 06/04/2012

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 NMOC 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@oxy.com TELEPHONE NO 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE Dist. Mgr. DATE 7-17-2012
 CONDITIONS OF APPROVAL IF ANY _____

JUL 17 2012