

JUL 16 2012

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State of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N French Dr., Hobbs, NM 882401220 South St Francis Dr.
Santa Fe, NM 87505DISTRICT II
1301 W Grand Ave, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO. 30-025-23969	
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 Coop	
8 Well No. Coop 10	
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>	
2 Name of Operator Occidental Permian Ltd.	
3 Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4 Well Location Unit Letter <u>K</u> <u>2564</u> Feet From The <u>South</u> <u>1607</u> Feet From The <u>West</u> Line Section <u>34</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11 Elevation (Show whether DS, RKB, RT GR, etc.) 3643' KB	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <u>Coiled tubing job</u> <input checked="" type="checkbox"/>	
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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 RHI and clean out to 4282' Circulate clean.
- 3 Acid wash perf's 4150-4313' w/2000 gal of 15% NEEF acid
- 4 POOH & RD coiled tubing unit.
5. Return well to injection

RU 06/02/2012
RD 06/02/2012

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@oxv.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