

**HOBBS OCD****JUL 16 2012**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 88240

**DISTRICT II**

1301 W Grand Ave, Artesia, NM 88210

**DISTRICT III**

1000 Rio Brazos Rd, Aztec, NM 87410

1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO 30-025-34997
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 North Hobbs (G/SA) Unit Section 33
8 Well No 543
9 OGRID No 157984
10 Pool name or Wildcat Hobbs (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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>	4 Well Location Unit Letter <u>II</u> <u>2630</u> Feet From The <u>North</u> <u>318</u> Feet From The <u>East</u> Line Section <u>33</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3648' 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			
<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.

- 1 RU coiled tubing unit.
- 2 RHH & clean out to 4300'. Circulate clean.
3. Wash perms from 4090-4218' with 2000 gal of 15% NFE acid. Circulate clean.
4. POOH and RD coiled tubing unit
- 5 Return well to injection.

RU 05/28/2012  
RD 05/27/2012I 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**