

Office

District I - (575) 393-6161

1625 N French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S First St., Artesia, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

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

87505

HOBBS OCD

JUL 02 2012

RECEIVED

Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Revised August 1, 2011

WELL API NO. 30-025-07355
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 19
8. Well Number 221
9. OGRID Number: 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 F : 2310 feet from the North line and 2310 feet from the West lineSection 19 Township 18S Range 38E NMPM Lea County11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3642' KB

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 ESP equip.
- 2) Clean out to 4275
- 3) Perforate 4210-18', 4223-33', 4243-48', 4253-66'
- 4) Acidize with 1500 gal 15% PAD acid
- 5) Return well to prod

OCD Condition of Approval:

After remedial work has been done Forms required are:
 C-103 Subsequent Report with dates and the work that was done, and
 C-104 with transporter(s), perms producing from, tubing size and depth
 & 24 hour production test

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 6/28/12Type or print name Steve Snead E-mail address: steve_snead@oxy.com PHONE: 806-592-6312

For State Use Only

APPROVED BY: [Signature] TITLE DIST. MGR DATE 7-19-2012

Conditions of Approval (if any):

JUL 19 2012