

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

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

OIL CONSERVATION DIVISION
HOBBS OCD
20 South St. Francis Dr.
Santa Fe, NM 87505

AUG 10 2012

RECEIVED

WELL API NO 30-025-27169
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input 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. 322
9 OGRID No 157984
10 Pool name or Wildcat Hobbs (G/SA)

11 Elevation (Show whether DF, RKB, RTGR, etc)
3648' 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 _____

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 G 1385' Feet From The North Line 1820 Feet From The East Line
Section 33 Township 18-S Range 38-E NMPM Lea County

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 <u>Coiled tubing job</u> <input checked="" type="checkbox"/>		OTHER: _____ <input 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. Clean out well
3. Acid treat with 2000 gal of 15% NEFE HCL
- 4 POOH w/coil thg unit
- 5 Test csg and chart for NMOCD
6. Return to Inj

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

SIGNATURE Rubie Underhill TITLE Well Analyst DATE 7-16-12
TYPE OR PRINT NAME Rubie Underhill E-mail address Rubie.Underhill@ocd.nm.gov TELEPHONE NO 806-592-6287
For State Use Only
APPROVED BY [Signature] TITLE Des T. Meyer DATE 8-15-2012

Condition of Approval: the operator shall give 24 hour notice to the appropriate District office before work begins

Condition of Approval: Notify OCD Hobbs office 24 hours prior to running MIT Test & Chart.

AUG 16 2012