

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

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

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

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| WELL API NO. | 30-025-28957 |
| 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 |
| 8. Well No. | 432 |
| 9. OGRID No. | 157984 |
| 10. Pool name or Wildcat | HOBBS (G/SA) |

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| 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 <input checked="" type="checkbox"/> INJECTOR | 8. Well No. 432 |
| 2. Name of Operator Occidental Permian Ltd. | 9. OGRID No. 157984 |
| 3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200 | 10. Pool name or Wildcat HOBBS (G/SA) |
| 4. Well Location Unit Letter <u>I</u> : <u>2260</u> Feet From The <u>SOUTH</u> <u>180</u> Feet From The <u>EAST</u> Line Section <u>30</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.) 3650 GL | |
| 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 _____ | |

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| 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>Squeeze middle San Andres, add perfs, AT</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. Squeeze Middle San Andres perfs.
2. DO, re-perf upper and lower San Andres.
3. Acid stimulate.
4. Run Injection equipment and notify NMOCD of packer test.

This well was approved for water injection under admin. Order PMX-202 and was included in the 30 wells stated on page 12 of Division Order R-6199-B as also being approved for CO2 injection, which will commence after the above work is completed.

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| 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 <input type="checkbox"/> , a general permit <input type="checkbox"/> or an (attached) alternative OCD-approved plan <input type="checkbox"/> | | | |
| SIGNATURE <u>David Nelson</u> | TITLE <u>Engineering Advisor</u> | DATE <u>9-12-05</u> | |
| TYPE OR PRINT NAME <u>David Nelson</u> | E-mail address: _____ | TELEPHONE NO. <u>505-397-8200</u> | |
| For State Use Only | | | |
| APPROVED BY <u>Harry W. Wink</u> | TITLE _____ | DATE <u>SEP 19 2005</u> | |
| CONDITIONS OF APPROVAL IF ANY: _____ | | | |