

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240

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

DISTRICT II
1301 W. Grand Ave., Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. 30-025-07077
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 30
8. Well No. 111
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other TA'D
2. Name of Operator Occidental Permian Ltd.
3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200
4. Well Location Unit Letter D : 330 Feet From The NORTH 330 Feet From The WEST Line Section 30 Township 18-S Range 38-E NMPM LEA County
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3650' GR
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:	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: _____ <input type="checkbox"/>		OTHER: Re-Activate, Convert to Injector <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.

- RUPU. Drill out CIBP @3750'. Sqz perfs between 4000' and 4100' w/164 sx Class A cmt w/1% CaCl.
- Deepen well from 4229 to 4296 w/3-7/8" bit.
- Perforate the following intervals; 4160-79, 4190-91, and 4220-29 using 2 spf 180 deg sp ph. (64 holes).
- Stimulate perfs and open hole w/2000 g 15% NEFE HCL acid.
- RIH w/4.5" G-6 pc pkr, XL on/off tool w/1.875 ss "F" nipple, 123 jts 2-7/8" Duoline tbg. Pkr set @4020'
- Circ csg w/140 bbl pkr fluid. Tst csg to 520 psi for 30 min and chart for the NMOCD.
- RDPU. Clean Location.

Rig Up Date: 09/15/2005
Rig Down Date: 10/03/2005



Pmy-230

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 Robert Gilbert TITLE Workover Completion Specialist DATE 10/10/2005
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only
APPROVED BY Larry W. Wink TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

OCT 12 2005

