

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

WELL API NO. 30-025-26935
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 30
8. Well No. 232
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector	
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 <u>K</u> : <u>1400</u> Feet From The <u>SOUTH</u> <u>1370</u> Feet From The <u>WEST</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.) 3651' 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 checked="" 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: _____	<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. RUPU. Pull injection equipment.
2. Sqz perfs 4138 to 4266 using 250 sx Prem + cmt w/2% CaCl. Clean out to PBTD @4290'.
3. **Run 4.5" partial liner from 3929-4261.** Cmt w/50 sx P+ cmt. ***** NOTE: Liner set 29' above PBTD @4290'.
4. Perf the following intervals: 4185-90 and 4228-34 using 1 spf. Perf 4204-10, 4248-52, and 4262-64 using 2 spf. and 180 deg ph. (43 holes total).
5. Stimulate perfs 4185-4264 w/1260 g 15%NEFE HCL acid.
6. RIH w/Guiberson 4.5" G-6 pc pkr w/XL on/off tool w/1.875 ss "F" nipple, 127 jts 2-7/8" duoline tbg. Pkr set @4148'.
7. Circ csg w/90 bbl pkr fluid. Tst csg to 700 psi for 30 min and chart for the NMOCD. RDPU. Clean Location.

Rig Up Date: 08/30/2005

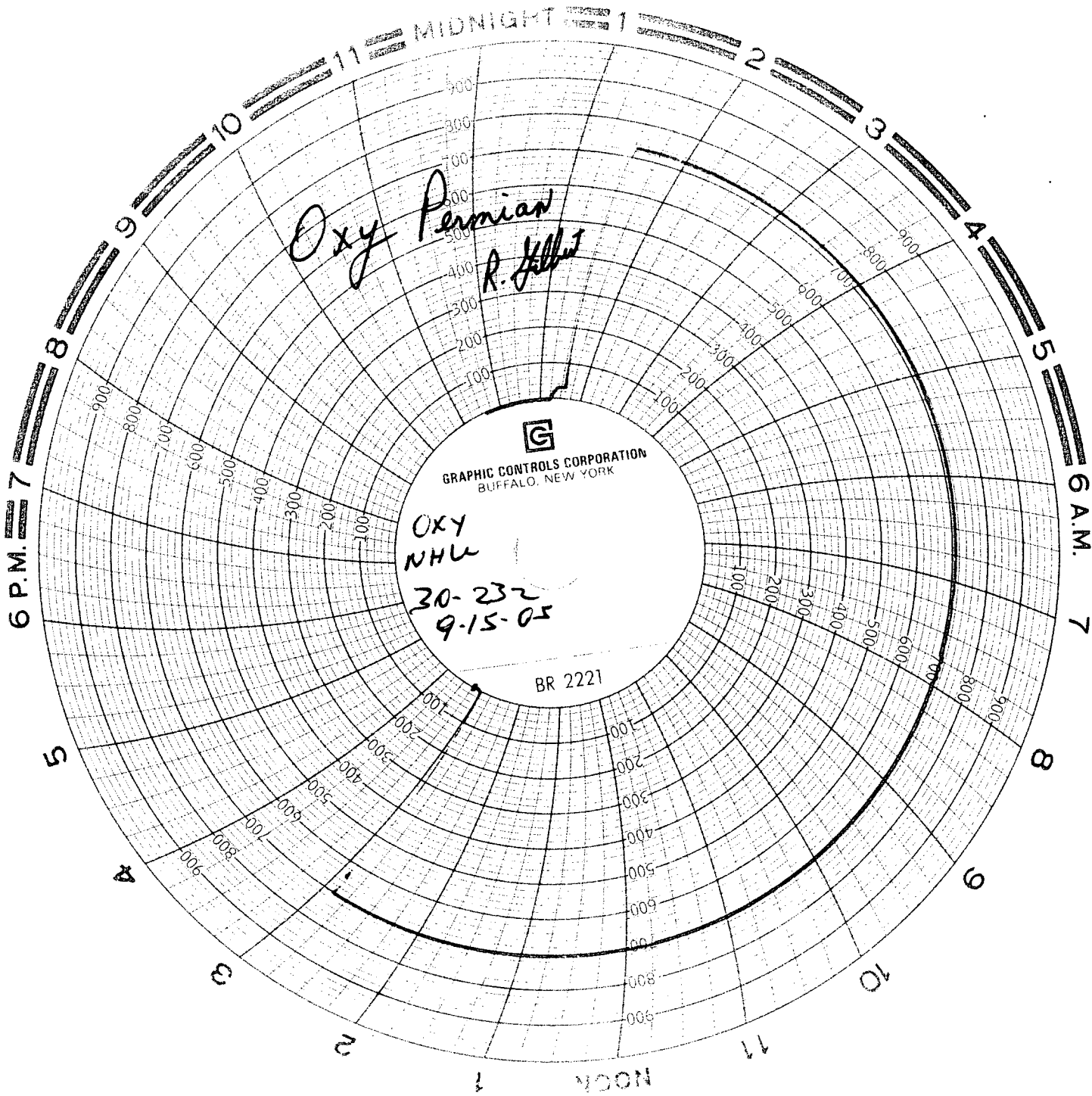
Rig Down Date: 09/15/2005

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>Robert Gilbert</u>	TITLE <u>Workover Completion Specialist</u>	DATE <u>09/21/2005</u>
TYPE OR PRINT NAME <u>Robert Gilbert</u>	E-mail address: <u>robert_gilbert@oxy.com</u>	TELEPHONE NO. <u>505/397-8206</u>

For State Use Only

APPROVED BY Harry W. Wink **OC FIELD REPRESENTATIVE II/STAFF MANAGER** DATE _____
CONDITIONS OF APPROVAL IF ANY:

OCT 12 2005



Oxy Permian
R. Hill

OXY
NHU
30-232
9-15-05

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

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