

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

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

**HOBBS OCD** 1220 South St. Francis Dr.  
Santa Fe, NM 87505

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

**DEC 16 2013**

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

WELL API NO. 30-025-31423
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 South Hobbs (G/SA) Unit
8. Well No. 235
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  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 K : 2160 Feet From The South Line and 2417 Feet From The West Line  
Section 4 Township 19-S Range 38-E NMPM Lea County Lea

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3655' GL

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 \_\_\_\_\_

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER: _____ <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>Multiple Completion <input type="checkbox"/></p> <p>OTHER: _____ <input type="checkbox"/></p>	<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <u>Coiled tubing job</u> <input checked="" type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG &amp; ABANDONMENT <input type="checkbox"/></p>
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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.

- RU coiled tubing unit.
- RIH & clean out to 4297'. Pull up to 4080'. Ran perf clean tool and water wash perfs from 4093-4227'.
- Pumped 10 bbl gel sweep.
- Wash perfs from 4093-4227' w/2500 gal of 15% NEFE acid.
- Pumped 10 bbl gel sweep.
- POOH & RD coiled tubing unit.
- Return well to injection.

RU 12/04/2013  
RD 12/04/2013

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 Mendy A Johnson TITLE Administrative Associate DATE 12/13/2013  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6280

For State Use Only  
APPROVED BY Mark Whitaker TITLE Compliance Officer DATE 12/16/13

CONDITIONS OF APPROVAL IF ANY:

**DEC 16 2013**