

HOBBS OGD

JAN 08 2014

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.
30-025-07368

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit

Section 19

8. Well Number 421

9. OGRID Number: 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

2611 State Hwy 214 Denver City, TX 79323

4. Well Location

Unit Letter H : 2310 feet from the North line and 1305 feet from the East lineSection 19 Township 18S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3665' GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐ CHANGE PLANS ☐PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. POH w/ tbg and production equipment
2. RIH w/ bit and clean out to PBTD @4309'
3. Deepen to 4340'
4. Acid treat w/ 4000 gal 15% PAD acid per prog
5. RIH w/ ESP
6. Return to production

During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal per ODC Rule 19.15.17

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Steve Sneed TITLE Lift Specialist DATE 1/7/2014Type or print name Steve Sneed E-mail address: steve_sneed@oxy.com PHONE: 806-592-6312

For State Use Only

APPROVED BY: Mary S Brown TITLE Compliance Officer DATE 1/8/2014

Conditions of Approval (if any)

JAN 09 2014