

FILE IN TRIPLICATE

**HOBBS OCD**

**OIL CONSERVATION DIVISION**

DISTRICT I  
1625 N. French Dr., Hobbs, NM, 88340

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

WELL API NO.  
30-025-37446

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

5. Indicate Type of Lease  
STATE  FEE

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

6. State Oil & Gas Lease No.

**JUN 26 2014**

**RECEIVED**

|  |  |  |
|--|--|--|
| <p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br/>(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.)</p>   |  | <p>7. Lease Name or Unit Agreement Name<br/>North Hobbs (G/SA) Unit<br/>Section 19</p> |
| <p>1. Type of Well:<br/>Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector</p>  | <p>8. Well No. 633</p>                       |  |
| <p>2. Name of Operator<br/>Occidental Permian Ltd.</p>   | <p>9. OGRID No. 157984</p>                   |  |
| <p>3. Address of Operator<br/>HCR 1 Box 90 Denver City, TX 79323</p>   | <p>10. Pool name or Wildcat Hobbs (G/SA)</p> |  |
| <p>4. Well Location<br/>Unit Letter <u>G</u> : <u>2290</u> Feet From The <u>North</u> Line and <u>1410</u> Feet From The <u>East</u> Line<br/>Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County</p>  |  |  |
| <p>11. Elevation (Show whether DF, RKB, RT GR, etc.)<br/>3668' KB</p>  |  |  |
| <p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br/>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br/>Pit Liner Thickness _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p> |  |  |

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: <u>Coiled tubing job</u> <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.

- RU coiled tubing unit.
- RIH & clean out to 4485'. Pull up to 4335'. Ran perf clean tool and water wash perfs from 4336-4485'.
- Pump 10 bbl gel sweep.
- Wash perfs from 4336-4485' w/2500 gal of 15% NEFE acid.
- Pump 10 bbl gel sweep. Circulate clean.
- POOH and RD coiled tubing unit.
- Return well to injection.

RU 05/29/2014  
RD 05/29/2014

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 06/25/2014  
 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 Mary Brown TITLE Dist. Supervisor DATE 6/30/2014  
 CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

**JUL 02 2014**