

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. | 30-025-05481 |
| 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 |
| 8. Well No. | 311 |
| 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 <input type="checkbox"/> | 8. Well No. 311 |
| 2. Name of Operator Occidental Permian Ltd. | 9. OGRID No. 157984 |
| 3. Address of Operator 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200 | 10. Pool name or Wildcat HOBBS (G/SA) |
| 4. Well Location Unit Letter <u>B</u> : <u>660</u> Feet From The <u>NORTH</u> <u>1980</u> Feet From The <u>EAST</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>LEA</u> County | |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.) | |
| 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: <u>Add perforations and AT</u> | <input checked="" 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. Pull production equipment.
2. Perforate 4168-77 and Acid stimulate.
4. Run production equipment.

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 David Nelson TITLE Engineering Advisor DATE 1/31/06
TYPE OR PRINT NAME David Nelson E-mail address: _____ TELEPHONE 505-397-8200

For State Use Only

APPROVED BY Harry W. Wink TITLE FIELD REPRESENTATIVE II/STAFF ENGINEER DATE FEB 08 2006
CONDITIONS OF APPROVAL IF ANY: