

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

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

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

WELL API NO. 30-025-37154
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name McKinley "A"
8. Well No. 12
9. OGRID No. 157984
10. Pool name or Wildcat Abo

<p align="center"><b>SUNDRY NOTICES AND REPORTS ON WELLS</b></p> <p align="center">(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>	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	8. Well No. 12
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 Abo
4. Well Location Unit Letter <u>L</u> : <u>1820</u> Feet From The <u>SOUTH</u> Line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM LEA County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3661' 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 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>New Well Completion</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.  
 RUPU. Perf the following Wolfcamp intervals; 7622, 7656, 7712, 7723, 1 spf. (4 holes). Set CIBP @7610'. Could not break down perfs.  
 Perforate the Abo intervals; 7029,38,46,50,58,62,70,80,96, 7131,40,54,59,64,74, 7213,42,56,65,82, 7306,15,21,27,45,61,72,76,84,88, 7439,51,55,61,65,69,77,79, 7513,22,48, and 77, 1 spf. (42 holes). Stimulate perfs w/44000 g 17% acid. Set cmt ret @7420'. Mix and pump 1350 sx Prem + cmt and 800# Diamond seal. Set CIBP @7000'.  
 Perforate the Drinkard intervals; 6675,6737,41,52,55,58, 6802,25,31,39,42,47, and 51, 1 spf. Stimulate perfs w/4000 g 15% acid.  
 Run Production tbg, rods, and pump. Decision made to Tempoary abandon well. Pull rods and pump. Set CIBP @6600'.  
 Circ csg w/180 bbl pkr fluid. Pull production tbg. NU wellhead. Tst csg to 600 psi for 30 min and chart for the NMOCD.  
 RDPU. Clean Location. Wellbore will be used as a North Hobbs Unit Well.

Rig Up Date: 07/07/2005	Rig Up Date: 07/28/2005	Rig Up Date: 11/19/2005	Rig Up Date: 12/27/2005
Rig Down Date: 07/20/2005	Rig Down Date: 09/01/2005	Rig Down date: 11/30/2005	Rig Down Date: 12/30/2005

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 ☐

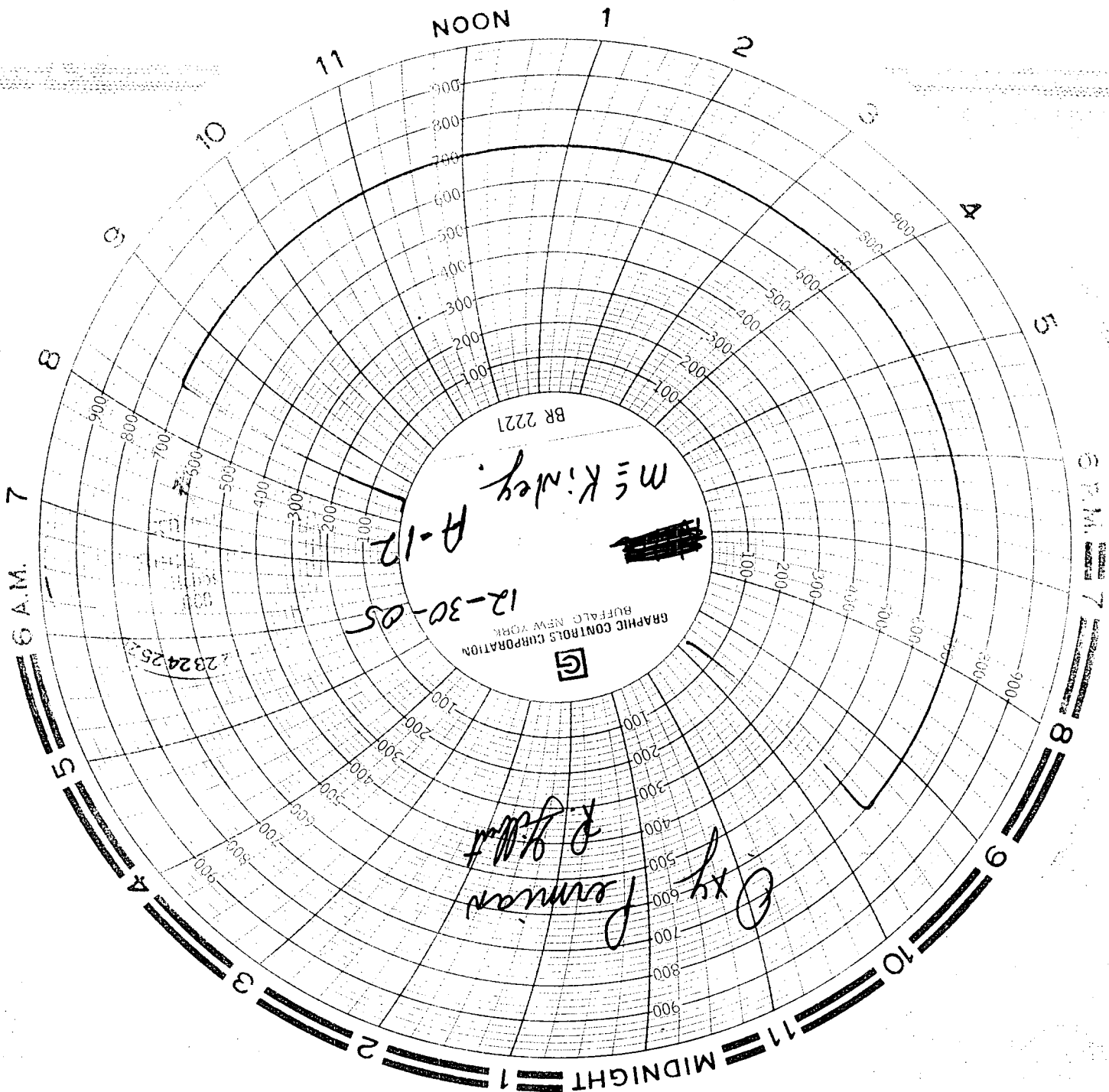
SIGNATURE <u>Robert Gilbert</u>	TITLE <u>Workover Completion Specialist</u>	DATE <u>01/04/2006</u>
TYPE OR PRINT NAME <u>Robert Gilbert</u>	E-mail address: <u>robert_gilbert@oxy.com</u>	TELEPHONE NO. <u>505/397-8206</u>

For State Use Only

APPROVED BY Larry W. Wink OIL FIELD REPRESENTATIVE II / STAFF MANAGER DATE FEB 08 2006

CONDITIONS OF APPROVAL IF ANY:

This Approval of Temporary Abandonment Expires 12/30/10



m e K. indy.

A-12

12-30-05

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

BR 2221



R. G. Smith

Exy

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