

State of New Mexico  
Energy, Minerals and Natural Resources Department

**COPY**

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**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

**OIL CONSERVATION DIVISION**

1220 South St. Francis Dr.  
Hobbs, NM 87505

WELL API NO.	30-025-37154
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 Section 19
8. Well No.	616
9. OGRID No.	157984
10. Pool name or Wildcat	HOBBS (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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"/>
2. Name of Operator	Occidental Permian Ltd.
3. Address of Operator	1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200
4. Well Location	Unit Letter <u>L</u> : <u>1820</u> Feet From The <u>SOUTH</u> <u>700</u> Feet From The <u>WEST</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	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER: _____ <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG & ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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. Tst CIBP set @6600' to 600 psi.
  - Perforate the following intervals; 4140-49, 4152-59, 4167-70, 4199-4218, 4225-36, 4240-49 and 4254-77 using 2 spf 120 deg sp ph. (169 holes).
  - Stimulate perms 4140 to 4277 w/5600 g 15% NEFE HCL acid in 44 settings.
  - RIH Reda ESP equipment on 125 jts 2-7/8" tbg w/drain valve. Intake set @4087'.
  - Install QCI wellhead connection.
  - RDPU. Clean Location.

Rig Up Date: 02/07/2006  
Rig Down Date: 02/09/2006

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 \_\_\_\_\_ TITLE Workover Completion Specialist DATE 02/19/2006  
TYPE OR PRINT NAME Robert Gilbert E-mail address: robert\_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE MAR 24 2006  
CONDITIONS OF APPROVAL IF ANY: