

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 5-27-2004

FILE IN TRIPLICATE

**OIL CONSERVATION DIVISION**

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

**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

WELL API NO. 30-025-34869
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 NORTH HOBBS (G/SA) UNIT Section 29
8. Well No. 623
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>K</u> : <u>1837</u> Feet From The <u>SOUTH</u> <u>2482</u> Feet From The <u>WEST</u> Line Section <u>29</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>LEA</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3645' 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>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" 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: _____	<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. RUPU. Pull production equipment.
2. Set cmt ret @3845'. Sqz perfs 3920-34 w/225 sx P+ cmt w/3% Super CBL.
3. Drill out sqz. Tst sqz to 1000 psi. Drill out cmt ret @3845. Drill out cmt ret @3948'. Drill out CIBP @3975'. Drill out CIBP @4040'.
4. Clean out to PBTD @4319'. Pump 500 g xylene.
5. Stimulate perfs 4156-4258 w/1100 g 15% PAD acid.
6. RIH w/Reda ESP equipment on 129 jts 2-7/8" tbg. Intake set @4106'.
7. Install QCI wellhead connection. RDPU. Clean Location.

Rig Up Date: 02/08/2006

Rig Down Date: 02/24/2006

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 Robert Gilbert TITLE Workover Completion Specialist DATE 02/27/2006

TYPE OR PRINT NAME Robert Gilbert E-mail address: robert\_gilbert@oxy.com TELEPHONE NO. 505/397-8206

For State Use Only

APPROVED BY Gayle W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER

CONDITIONS OF APPROVAL IF ANY:

APR 03 2006