

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

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|--------------------------------------|---|
| WELL API NO. | 30-025-28885 |
| 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. | 442 |
| 9. OGRID No. | 157984 |
| 10. Pool name or Wildcat | Hobbs (G/SA) |

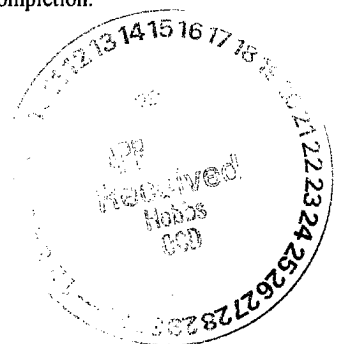
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| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) | |
| 1. Type of Well: | Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injector |
| 2. Name of Operator | Occidental Permian Ltd. |
| 3. Address of Operator | HCR 1 Box 90 Denver City, TX 79323 |
| 4. Well Location | Unit Letter <u>P</u> : <u>1230</u> Feet From The <u>South</u> <u>220</u> Feet From The <u>East</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, RTGR, etc.) 3643' GL | |
| 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 _____ | |

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|---|--|
| 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"/> | REMEDIAL WORK <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| OTHER: _____ <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| | OTHER: <u>Perforate & acid treat</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. Kill well. POOH w/injection equipment.
- Drill out CIBP @4238. Clean out to PBTB @4300'.
- Perforate the following intervals: 4138-43, 4146-57 & 4176-83 using 2 spf 120 deg sp ph (49 holes).
- Acid treat perms w/840 gals 17% acid
- RIH w/G-6 pkr, XL on/off tool w/.1875 profile nipple, 119 jts of 3-1/2" composite lined tbg. Set packer @3950'.
- Circ well w/150 bbl packer fluid. Test casing to 610 PSI for 30 minutes & chart for the NMOCD.
- RDPU. Clean location

RUPU 03/23/2006
RDPU 03/29/2006



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 Mendy A. Johnson TITLE Administrative Associate DATE 04/12/2006
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 Harry W. Wink TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

APR 19 2006

