

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

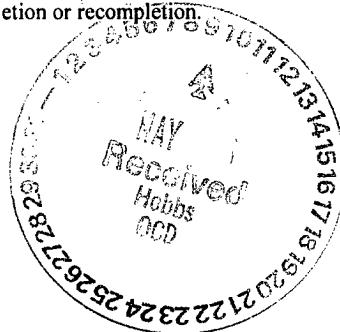
|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| WELL API NO.<br>30-025-35318                                                                        |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.                                                                        |
| 7. Lease Name or Unit Agreement Name<br>South Hobbs (G/SA) Unit<br>Section 4                        |
| 8. Well No. 241                                                                                     |
| 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:<br>Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                                                                                                       |  |
| 2. Name of Operator<br>Occidental Permian Ltd.                                                                                                                                                                                                                                                                                          |  |
| 3. Address of Operator<br>HCR 1 Box 90 Denver City, TX 79323                                                                                                                                                                                                                                                                            |  |
| 4. Well Location<br>Unit Letter <u>M</u> : <u>1063</u> Feet From The <u>North</u> <u>498</u> Feet From The <u>West</u> Line<br>Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County                                                                                                                           |  |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.)<br>3630' KB                                                                                                                                                                                                                                                                           |  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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"/>                                           | 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: <u>Open Additional perfs &amp; Acid treat</u> <input checked="" type="checkbox"/> | CASING TEST AND CEMENT JOB <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. Pull ESP equipment
2. Perforate hole 4126-4312' @2 JSPF (122 shots)
3. Perforate hole 4325-38' @1 JSEOF (7 shots)
4. Acid treat perfs
5. Run ESP 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 NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 05/06/2006  
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 Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 10 2006  
CONDITIONS OF APPROVAL IF ANY: