

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.  
30-025-07445

5. Indicate Type of Lease  
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
North Hobbs (G/SA) Unit  
Section 29

8. Well No. 341

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: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator  
Occidental Permian Ltd.

3. Address of Operator  
HCR 1 Box 90 Denver City, TX 79323

4. Well Location  
Unit Letter O : 330 Feet From The South 2318 Feet From The East Line  
Section 29 Township 18-S Range 38-E NMPM Oil & Gas County

11. Elevation (Show whether DF, RKB, RT GR, etc.)  
3643' GL

Pit or Below-grade Tank Application ☐ or Closure ☐  
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 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 & RU. Pull tubing & ESP equipment out of hole.
2. Run in hole w/5" pkr set @4080'. Unable to load cst. Pull pkr above old squeeze holes @4010-35'. Still unable to load casing. Pull pkr to 1428', still unable to load casing. POOH w/pkr. Check pkr for problems. Checked out OK.
3. Run back in hole w/pkr to 4080'. Pump 2 stage block w/2000# of gel rock salt w/3000 gal of 15% PAD acid & 420 gal of Xylene, 2<sup>nd</sup> block drop of 1000# of block saw 497# increase, 3<sup>rd</sup> block saw 500# increase.
4. Swab back fluid. Set pkr @565, test casing to 500 PSI, tested good.
5. Isolate casing leak from 3927' to 4010' (old squeeze perms). Run in hole w/pkr to 3927'. Pump 10 bbl fresh water w/20 gal chemical. Flush w/50 bbl fresh water.
6. Release pkr & pull tubing out of hole.
7. Run back in hole w/ESP equipment on 127 jts of 2-3/8" od tbg. Intake set @4013'
8. RDPU & RU. Clean location.

RUPU 05/25/06 RDPU 06/05/06

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 06/20/2006  
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 Hayley Wink DATE JUN 23 2006  
CONDITIONS OF APPROVAL IF ANY: