

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 Lea 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:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ Multiple Completion ☐

OTHER: Pull pump/Run CNL ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: _____ ☐

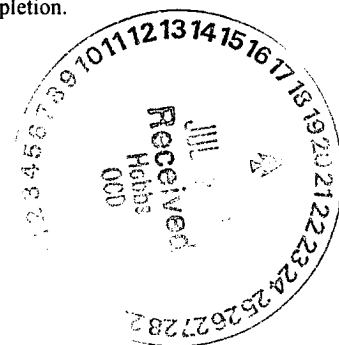
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Kill well. Pull ESP equipment.

2. Run CNL/GR/CCL log from PBTD of 4202' to $\pm 3250'$.

3. If equipment shows signs of "heavy" asphaltenes treat w/Xylene & 15% PAD HCL acid.

4. Run back in hole w/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 07/18/2006

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

Hayward Wink

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

JUL 21 2006