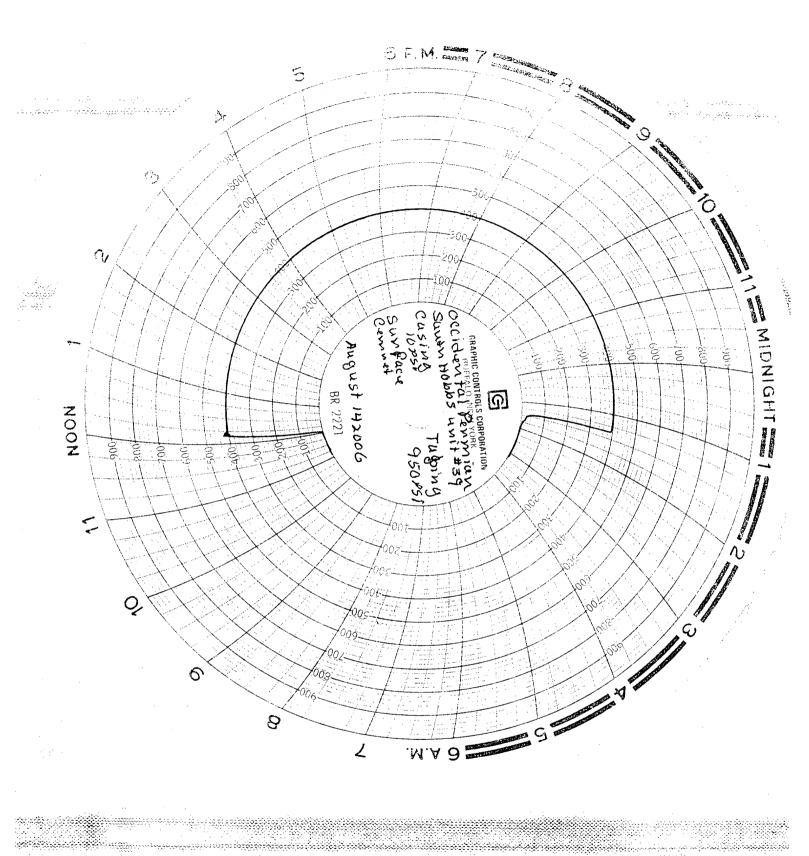
State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE **OIL CONSERVATION DIVISION** WELL API NO. 1220 South St. Francis Dr. DISTRICT I 30-025-07634 1625 N. French Dr., Hobbs, NM 88240 Santa Fe, NM 87505 5. Indicate Type of Lease **DISTRICT II** STATE FEE X 1301 W. Grand Ave, Artesia, NM 88210 6. State Oil & Gas Lease No. DISTRICT III 1000 Rio Brazos Rd, Aztec, NM 87410 7. Lease Name or Unit Agreement Name SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A North Hobbs (G/SA) Unit DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals.) Section 5 8. Well No. 39 1. Type of Well: Other Injector Oil Well Gas Well 9. OGRID No. 2. Name of Operator 157984 Occidental Permian Ltd. 10. Pool name or Wildcat Hobbs (G/SA) 3. Address of Operator HCR 1 Box 90 Denver City, TX 79323 4. Well Location Feet From The Unit Letter L Feet From The 660 West 1980 South **NMPM** County Section Township 19-S 38-E 11. Elevation (Show whether DF, RKB, RT GR, etc.) 3631' KB Pit or Below-grade Tank Application or Closure Distance from nearest fresh water well ______ Distance from nearest surface water Pit Type _____ Depth of Ground Water _ Below-Grade Tank: Volume bbls; Construction Material Pit Liner Thickness Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 12. SUBSEQUENT REPORT OF: NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. PLUG & ABANDONMENT TEMPORARILY ABANDON CHANGE PLANS CASING TEST AND CEMENT JOB PULL OR ALTER CASING **Multiple Completion** OTHER: OTHER: MIT Testing 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. Test Date: 08/14/2006 Initial: 400 PSI; 15 minute: 400 PSI; 30 minute: 400 PSI Pressure Reading: Length of pressure test: 30 minutes Witnessed: NO 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 closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan SIGNATURE J TITLE Administrative Associate 08/24/2006 TYPE OR PRINT NAME Elmail address: TELEPHONE NO. mendy_johnson@oxy.com For State Use Only TITLE OC HELD REPRESENTATIVE II/STAFF MANAGER APPROVED BY

CONDITIONS OF APPROVATIF ANY:



turu usuur kangsa marediseksiskisiskis juliu Tymin oli suuri ka Tursan, kusma kassiisjiin.