

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO.

30-025-12493

5. Indicate Type of Lease

STATE

FEE

X

6. Lease Oil & Gas Lease No.

Lease Name or Unit Agreement Name

North Hobbs (G/SA) Unit

1. Type of Well:

Oil Well

Gas Well

Other

Temporarily Abandoned

8. Well No.

241

2. Name of Operator

Occidental Permian Ltd.

9. OGRID No.

157984

3. Address of Operator

HCR 1 Box 90 Denver City, TX 79323

10. Pool name or Wildcat

Hobbs (G/SA)

4. Well Location

Unit Letter

N

: 330

Feet From The

South

2310

Feet From The

West

Line

Section 20

Township

18-S

Range

38-E

NMPM

Lea

County

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

3652' DF

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:

Acid Treat & Return to Production

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. Test top of liner & casing to 1000 PSI.
2. Drill out CIBP & cement @3925'.
3. Run bit to bottom @4270' (PBD).
4. Run CNL/HNGS/CCL from TD to 3300'.
5. Run packer and acid treat well with 15% HCL acid.
6. Run back in hole with ESP equipment. Install CPROX wellhead.
7. Return well to production.

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

11/09/2006

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:

OCD FIELD REPRESENTATIVE II/STAFF MANAGER
NOV 17 2006