

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

FILE IN TRIPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

2040 Pacheco St.
Santa Fe, NM 87505

DISTRICT II
811 S. 1st Street, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

| | |
|--------------------------------------|---|
| WELL API NO. | 30-025-23270 |
| 5. Indicate Type of Lease | FED <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No. | |
| 7. Lease Name or Unit Agreement Name | NORTH HOBBS (G/SA) UNIT |
| 8. Well No. | 313 |
| 9. 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.)

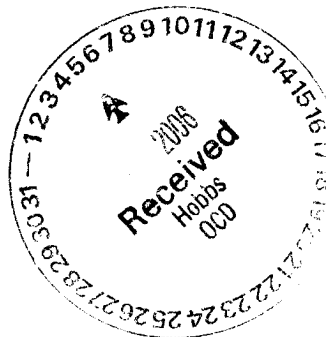
| | |
|---|--|
| 1. Type of Well: | Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector |
| 2. Name of Operator | Oxy Permian LTD. |
| 3. Address of Operator | 1017 W. Stanolind Rd., HOBBS, NM 88240 505/397-8200 |
| 4. Well Location | Unit Letter <u>B</u> : <u>405</u> Feet From The <u>NORTH</u> Line and <u>2272</u> Feet From The <u>EAST</u> Line Section <u>30</u> Township <u>18S</u> Range <u>38E</u> NMPM LEA County |
| 10. Elevation (Show whether DF, RKB, RT GR, etc.) | 3657 GL |

| | |
|---|---|
| 11. 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"/> | COMMENCE DRILLING OPNS. <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |
| OTHER: <u>Squeeze, OAP, and AT</u> <input checked="" type="checkbox"/> | OTHER: <input type="checkbox"/> |

12. 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.

1. Pull injection equipment.
2. Squeeze perfs 4114-40.
3. Perforate middle San Andres and acid stimulate.
4. Run injection equipment and circulate packer fluid.
5. Notify NMOCD of packer test.

This work will prepare this well to commence CO2/Water injection under D.O. R-6199-B



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE D. Nelson TITLE PROD ENGR DATE 12/5/06
TYPE OR PRINT NAME D. NELSON TELEPHONE NO. 505/397-8200

APPROVED BY Gay W. White TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER
CONDITIONS OF APPROVAL IF ANY:

DEC 08 2006