

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. 30-025-07366
5. Indicate Type of Lease 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 Section 19
8. Well No. 441
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 G-101) for such proposals.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	2. Name of Operator Occidental Permian Ltd.
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	4. Well Location Unit Letter P : 330 Feet From The South 330 Feet From The East Line Section 19 Township 18-S Range 38-E NMPM Lea County
11. Elevation (Show whether DF, RKB, RTGR, etc.) 3645' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 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: _____		OTHER: Return well to production <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. Test casing to 1000 PSI for 30 minutes. Tested OK.

2. RIH w/drill collars & bit. Tag @3888'.

3. Drill on cement @4005'. Fell out of cement @4012', tag up at 4079'. Drill cement to 4107'.

4. Drill on CIBP, push to 4272'. Circ clean. POOH & change bit. Drill down to 4242'. Circ hole clean.

5. Drill out shoe & new open hole to 4294'. Circ hole clean.

6. RU wire line and run CNL/HNGS/CCL log from 4286' to 3300'. RD wire line.

7. RU Slumberger & perforate hole @4208-14', 4224-32' @ 2 JSPF with 180 degree spiral (32 holes) RD Slumberger.

8. RIH w/5" treating packer set @4121. RU HES, pump 3000 gals 15% acid, 1000# gel rock salt in three stages. RD HES.

9. Pump scale squeeze. Release pkr & POOH.

10. RIH w/ ESP equipment on 129 jts of 2-7/8" tbg. Intake set @4108'.

11. RDPU & RU. Clean location.

RUPU 12/05/06 RDPU 12/14/06

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 01/03/2007

TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO. 806-592-6280

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APPROVED BY Gay W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JAN 10 2007

CONDITIONS OF APPROVAL, IF ANY: