

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

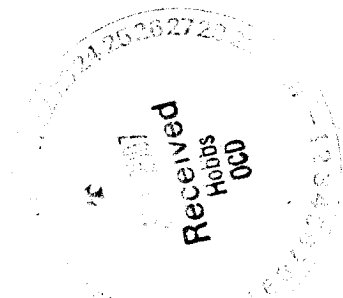
|                                      |  |
|--------------------------------------|--|
| WELL API NO.                         | 30-025-36245   |
| 5. Indicate Type of Lease            | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.         |  |
| 7. Lease Name or Unit Agreement Name | North Hobbs (G/SA) Unit<br>Section 32                                  |
| 8. Well No.                          | 514  |
| 9. OGRID No.                         | 157984   |
| 10. Pool name or Wildcat             | Hobbs (G/SA)   |

|   |   |
|---|---|
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(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 <u>E</u> : <u>2279</u> Feet From The <u>North</u> <u>229</u> Feet From The <u>West</u> Line<br>Section <u>32</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County |
| 11. Elevation (Show whether DF, RKB, RT GR, etc.)<br>3635' GR   |   |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/><br>Pit Type _____ Depth of Ground Water _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____<br>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: <u>Clean out/acid treat</u>  | <input checked="" type="checkbox"/>          | OTHER: _____  | <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. Kill well. NU BOP. Pull out of hole with ESP equipment.
2. Clean out well to PBTD @4432'. Circulate clean.
3. Acid treat well with 4700 gal of 15% PAD acid.
4. Swab/flow back spent acid.
5. Perform scale squeeze.
6. Run back in hole with ESP equipment.
7. Return well to production.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. 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 01/12/2007  
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 Harry W. Wink OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JAN 31 2007  
CONDITIONS OF APPROVAL IF ANY: