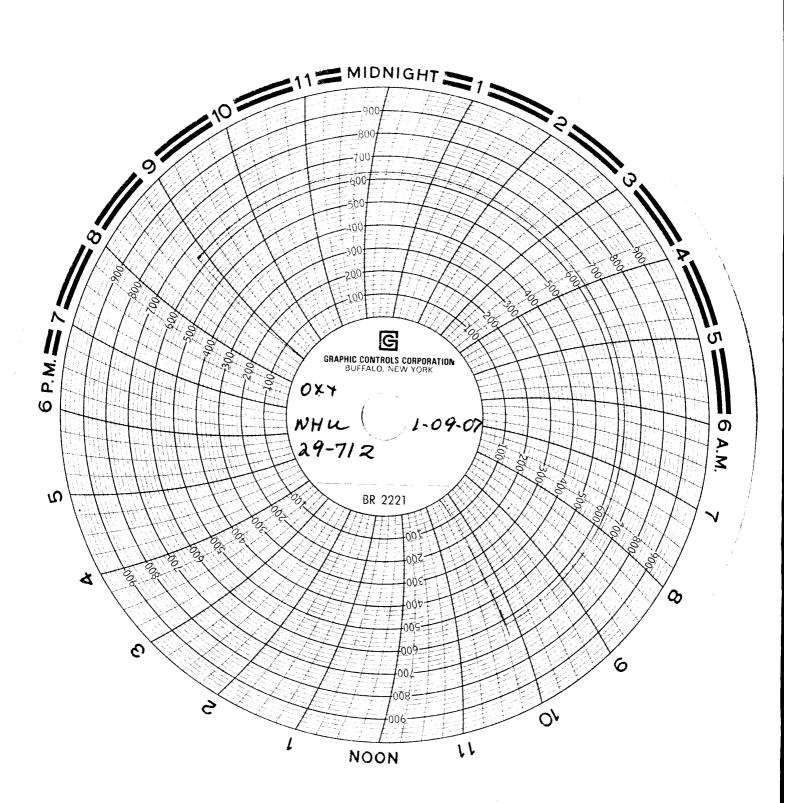
Submit 3 Copies To Appropriate District Office	State of New M Energy, Minerals and Natu			Form C-103	
District I 1625 N. French Dr., Hobbs, NM 87240	Elicigy, Millerais and Natu	irai Resources	WELL API NO.	May 27, 2004	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION		30-025-37558		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Fr		5. Indicate Type of Lease STATE		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 8	3/303	6. State Oil & Gas Lease	FEE L	
			o. State on & das Lease	NO.	
SUNDRY NOTICI (DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC.	7. Lease Name or Unit A				
PROPOSALS.) 1. Type of Well:	North Hobbs G	'SA Unit			
Oil Well Gas Well	712				
2. Name of Operator			9. OGRID Number		
Occidental Permian Limited 3. Address of Operator	d Partnership		157984		
P.O. Box 4294, Houston, T		 Pool name or Wildcat Hobbs: Grayburg 			
4. Well Location			nobbs, draybarg	Jan Andres	
Unit Letter E:	2378 feet from the Nor	rth line and	1086 feet from the	West line	
Section 29	Township 18-S			nty Lea	
	11. Elevation (Show whether	<i>DR, RKB, RT, GR, etc</i> 45′ GR	c.)	7.71.7	
Pit or Below-grade Tank Application		TJ UIL	· · · · · · · · · · · · · · · · · · ·	文章: 表書[1] (1) (1) (1)	
Pit type Depth to Groundwater _	Distance from nearest fres	h water well Dist	tance from nearest surface water		
Pit Liner Thickness: mil			n Material		
NOTICE OF INTE	ppropriate Box to Indicate ENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPLETION		SEQUENT REPORT ALTE NG OPNS. PLUG	OF: ERING CASING G AND NDONMENT	
OTHER:		OTHER: Cement s	augozo and nonenfamata	L&1	
13. Describe proposed or completed	operations (Clearly state all pay		queeze and reperforate		
of starting any proposed work). So or recompletion.	SEE RULE 1103. For Multiple	Completions: Attach	wellbore diagram 23 2023	completion	
See Attachment					
			1 51 TTO 1 68 F 8.	346)	
			10168 FA	/	
I hereby certify that the information aboursed tank has been/will be constructed or clo	ove is true and complete to the used according to NMOCD guidelines	best of my knowledge X , a general permit	and belief. I further certify th	at any pit or below- CD-approved plan	
SIGNATURE Mank Step	1		oliance Analyst DATE		
Type or print name Mark Stephens	E-m	nail address: Mark_S	tephens@oxy.com	o. (713) 366-5158	
For State Use Only	- mirrier	O REPRESENTATIVE II	/STAFF MAIN		
APPROVED BY Jay W. Conditions of Approval, if any	Umb OC FIELD	LE	DATE _E	EB 2 2 2007	

12/22/06 - 1/10/07:

MI x RU. NU BOP x POOH with injection equipment. RIH with bit x scraper and tag at 4323'. RIH with CIBP x set in 5-1/2" casing at 4167'. RIH with cement retainer x set at 4066'. RU HES and cement squeeze 4124' - 4151' with 350 sx. Premium Plus. WOC. RIH with bit x scraper and tag TOC at 4059'. Drill out cement and retainer to 4165'. Circulate well clean x test casing to 1000#. Drill out CIBP and fell out of cement at 4292'. Clean well out to 4326'. RU WL and perforate at the following intervals: 4150', 4173'-76', 4179'-86', 4188'-93', 4196'-4207', 4211'-14', 4230'-39', 4243'-46', 4251'-54', 4259'-64', 4276', 4281'-84', 4288'-93', and 4297'-4300' (2 JSPF). RIH with 5-1/2" PPI tool and acid treat new perfs with 1806 gal. 15% HCL. RIH with 5-1/2" G-6 packer and set at 4084'. Load x test casing. Circulate well with 90 bbls 10# packer fluid. RIH with 131 jts. 2-7/8" Duo-line 20 injection tubing. ND BOP x NU WH. Pressure test well to 630 psi. RD x MO and turn well over to injection.



Form 3160-5 (April 2004)

which would entitle the applicant to conduct operations thereon.

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

Lease Serial No.

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SUNDRY NOTICES AND REPORTS ON WELLS C-032233(A) 6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals. 7. If Unit or CA/Agreement, Name and/or No. SUBMIT IN TRIPLICATE - Other instructions on reverse side 1. Type of Well 8. Well Name and No Oil Well Gas Well X Other Injector North Hobbs G/SA No. 712 2. Name of Operator Unit Occidental Permian Limited Partnership Attn: Mark Stephens, 19.013, GRWY 5 9. API Well No. 3a. Address 3b. Phone No. (include area code) 30-025-37558 P.O. Box 4294, Houston, TX 77210-4294 (713) 366-5158 10. Field and Pool, or Exploratory Area 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Hobbs: Grayburg-San Andres 11. County or Parish, State 2378' FNL x 1086' FWL, Letter E, Sec. 29, T-18-S, R-38-E NM Lea Co CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Fracture Treat Reclamation Well Integrity Subsequent Report Casing Repair New Construction Other Squeeze & Recomplete Change Plans Plug and Abandon Temporarily Abandon Reperforate Final Abandonment Notice Convert to Injection Plug Back Water Disposal Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once 13. testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.) Cement squeeze and reperforate well in accordance with the procedure filed with the Hobbs Office of the NMOCD (see attached copy of Form C-103 dated 1/29/07). I hereby certify that the foregoing is true and correct Name (Printed Typed) Title Mark Stephens Regulatory Compliance Analyst CEPTED FOR RECORD Date THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved by Title Date-Conditions of approval, if any, are attached. Approval of this notice does not warrant or Office certify that the applicant holds legal or equitable title to those rights in the subject lease

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department of agency of the United