

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. 30-025-23206
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 20
8. Well No. 131
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 G101) 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 Occidental Permian Ltd.	
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> <u>330</u> Feet From The <u>West</u> Line Section <u>20</u> Township <u>18-S</u> Range <u>38-E</u> NMPM <u>Lea</u> County	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3662' DF	
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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: _____ <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <u>Return well to injection</u> <input checked="" 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 800 PSI. OK.
  2. RIH w/bit & drill collars. Tag @3990'. Drill out cement to 4007'. Drill on CIBP & push to 4255'. Clean out fill to 4273'. Circ clean.
  3. RIH & tag @4274'. Drill out junk & casing shoe @4275'.
  4. Drill new hole to 4300'. Circ clean.
  5. RU wire line & ran CNL/GR/CCL from PBTD to 3300'. RD wire line.
  6. RIH w/treating packer set @4144'. RU HES acid truck & pump 500 gal of 15% NEFE & pump 500# gelled rock salt. Pump 2500 gal of acid & flush w/60 bbl of fresh water. RD HES. POOH w/treating packer.
  7. RIH w/5-1/2" Uni-6 packer w/1.875 profile on 128 jts of 2-7/8" Duoline 20 tubing. Packer set @4108'.
  8. ND BOP/NU CPROX tree.
  9. Test casing to 580# for 30 minutes and chart for the NMOCD.
  10. RDPU & RU. Clean location.
- Injection granted under Division order R-6199-B

RUPU 02/12/07  
RDPU 02/21/07

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 03/13/2007  
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy\_johnson@oxy.com TELEPHONE NO. 806-592-6286

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APPROVED BY Hayden W. Wink FIELD REPRESENTATIVE II/STAFF MANAGER  
CONDITIONS OF APPROVAL IF ANY:



