

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	30-025-07358
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	112
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" 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>D</u> <u>990</u> Feet From The <u>North</u> <u>990</u> Feet From The <u>West</u> Line Section <u>19</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County
11 Elevation (Show whether DF, RKB, RT GR, etc) 3671' 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"/>	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: Squeeze/Perforate/AT/Wellhead upgrade <input checked="" type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input 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. Pull injection equipment.
2. Plug back to 4150'.
3. Set CICR @±4020'. Squeeze perms.
4. Drill out squeeze & test to 1000 PSI.
5. Clean out to 4260'.
6. Acid treat w/2000 gal of 15% HCL acid w/500# gelled rock salt block
7. Perforate hole
8. Run back in hole w/injection equipment.
9. Test casing and chart for the NMOCD.
10. Return well to injection.



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 06/28/2007
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxy.com TELEPHONE NO 806-592-6280

For State Use Only
APPROVED BY Gay W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE _____
CONDITIONS OF APPROVAL IF ANY _____

JUL 05 2007