

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	30-025-07470
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 30
8. Well No	411
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 C-101) for such proposals.)	
1 Type of Well	Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injector <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>A</u> <u>330</u> Feet From The <u>North</u> Line Section <u>30</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 ) 3659' 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 <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER. Plug back/acid treat <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. Kill well. NU BOP/ND wellhead. POOH w/injection equipment.
2. RIH w/bit. Tag @4298'. POOH w/bit.
3. RU wire line & RIH w/cement dump bailer. Dump bail 30' of cement. Plug back to 4260'. RD wire line.
4. RIH w/isolation packer set @4160' RU pump truck & spot 500 gal of 15% HCL acid. Flush w/13 bbl brine. POOH w/isolation packer.
5. RIH w/PPI packer set @4193'. Acidize perfs from 4197-4218' w/5 bbl of 15% HCL acid. POOH w/PPI packer.
6. Run back in hole w/4-1/2" HES G-6 packer w/1.56F profile set on 132 jts of 2-3/8" Duoline 20. Packer set @4151'.
7. ND BOP/NU wellhead
8. Test casing to 640 PSI for 30 minutes & chart for the NMOCD.
9. RDPU & RU. Clean location.

RUPU 06/11/2007 RDPU 06/15/2007

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 07/03/2007

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 Larry W. Wink TITLE US FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 13 2007

CONDITIONS OF APPROVAL IF ANY

