

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 30-025-29755	
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6 State Oil & Gas Lease No	
7 Lease Name or Unit Agreement Name South Hobbs (G/SA) Unit Section 4	
8 Well No 217	
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 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 B 1407 Feet From The North 2203 Feet From The East Line Section 4 Township 19-S Range 38-E NMPM Lea County	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3615' 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"/> 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: _____ <input type="checkbox"/>	OTHER: Clean out/OAP/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. ND wellhead/NU BOP. POOH w/packer & tubing.
 2. RIH w/bit & drill collars. Tag @4265'. Pull bit back up to 4111'. Run bit in hole from 4111-4175'. RU power swivel. Rotate bit & drill collars from 4175-4295'. Clean out fill from 4295-4413' (PBD). RD power swivel. POOH w/bit & drill collars.
 3. RU wire line. Perforate 5-1/2" casing @4175-4190', 4330-4348', 4356-4363' @4 JSPF RD wire line.
 4. RIH w/PPI packer set @4113'. RU HES pump truck & acidize w/4000 gal of 15% PAD acid. RD HES pump truck. POOH w/PPI packer.
 5. RIH w/5-1/2" Guiberson Uni-V packer on 131 jts of 2-7/8" tubing. Packer set @4109'.
 6. ND BOP/NU wellhead.
 7. Test casing to 620# and chart for the NMOCD.
 8. RDPU & RU. Clean location

RUPU 08/20/07 RDPU 08/27/07

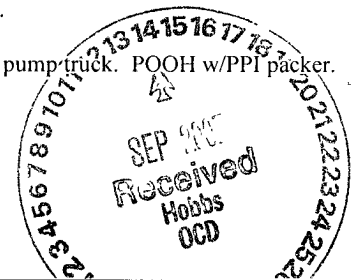
I hereby certify that the information above is true and complete to the best of my knowledge and belief. Further certify that any pit or below-grade tank has been/will be constructed or

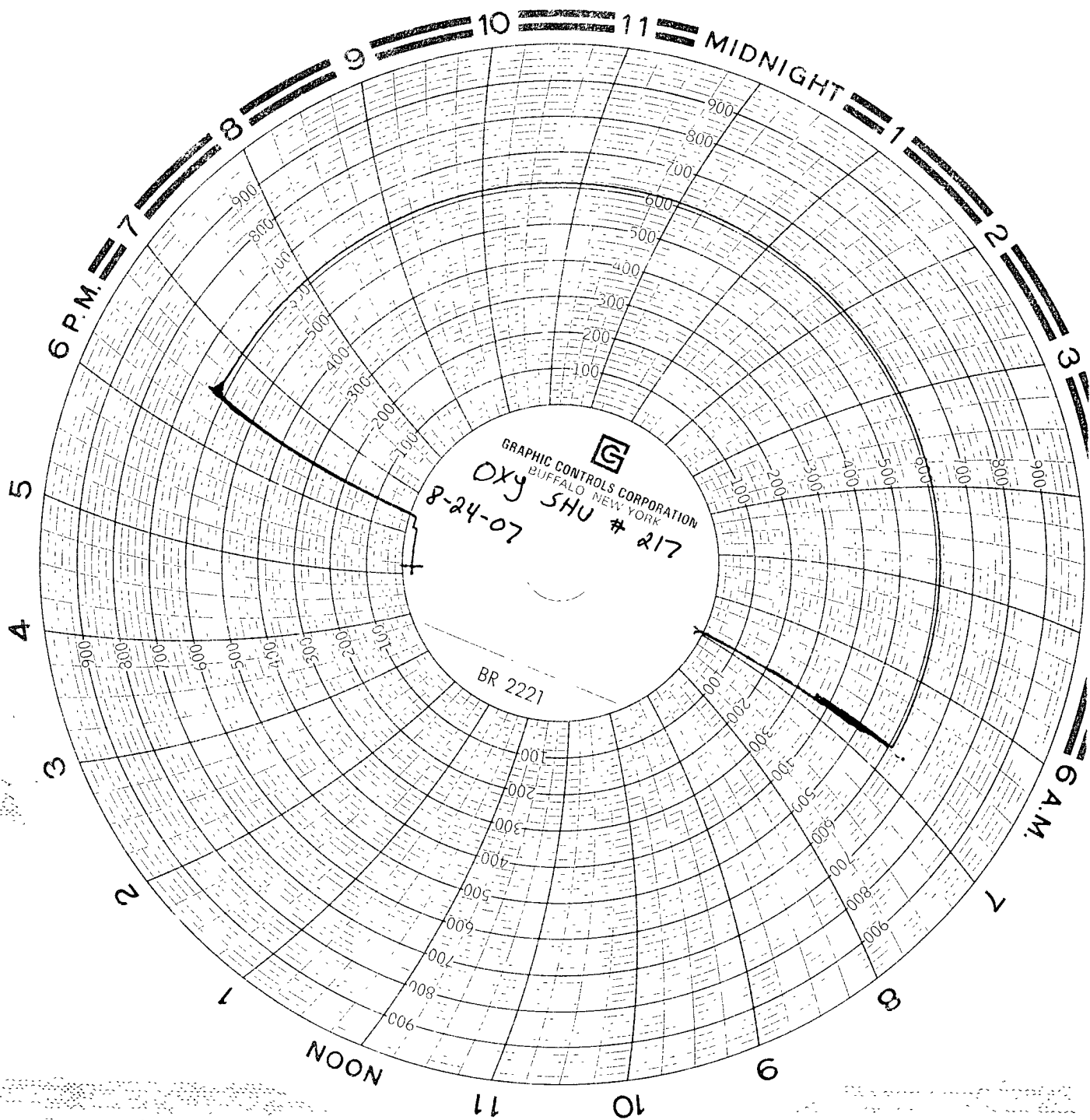
closed according to NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 09/04/2007
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 Larry W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 17 2007
CONDITIONS OF APPROVAL IF ANY





Rate chart recorder #3219
Calibrated 5-7-07
Chart run by Bill Humphrey of Smith
Services
Hobbs NM.