

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

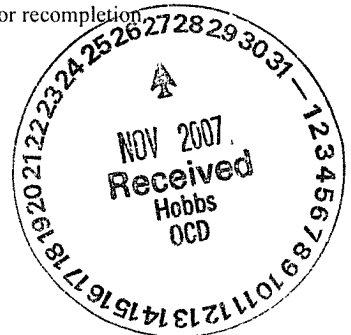
WELL API NO 30-025-23206
5 Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6 State Oil & Gas Lease No
7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 20
8 Well No 131
9 OGRID No 157984
10 Pool name or Wildcat Hobbs (G/SA)

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 G-101) for such proposals)	
1 Type of Well Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u> <u>Temporarily Abandoned</u>	7 Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 20
2 Name of Operator Occidental Permian Ltd	8 Well No 131
3 Address of Operator HCR I Box 90 Denver City, TX 79323	9 OGRID No 157984
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 <input checked="" type="checkbox"/> Section <u>20</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	10 Pool name or Wildcat Hobbs (G/SA)
11 Elevation (Show whether DF, RKB, RTGR, 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"/>	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 <u>Acid treat well</u> <input checked="" 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. POOH w/injection equipment.
2. RIH w/bit & scraper to PBTD.
3. Acid treat well w/15% acid.
4. Run back in hole w/injection equipment.
5. Test casing and chart for the NMOCD.



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 11/26/2007
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 Ray W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE FEB 06 2008
CONDITIONS OF APPROVAL IF ANY _____

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WELL API NO	30-025-07362
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	231
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 <u>Injector</u>
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>K</u> <u>2310</u> Feet From The <u>South</u> <u>2310</u> Feet From The <u>West</u> Line <input checked="" type="checkbox"/> 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) 3655' 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/Run Liner <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. POOH w/injection equipment.
2. RIH w/CICR set @±4000'
3. Squeeze perms. DO squeeze to 4300'.
4. Run liner
5. Perforate hole.
6. Acid treat perms.
7. Run back in hole w/injection equipment.
8. Test casing and chart for the NMOCD.



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 11/26/2007
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 Harry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE FEB 06 2008
CONDITIONS OF APPROVAL IF ANY