

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPLICATE

DISTRICT I
1625 N French Dr , Hobbs, NM 88240

DISTRICT II
1301 W Grand Ave, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO 30-025-27139	
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 32	
8 Well No	132
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 I Box 90 Denver City, TX 79323	
4 Well Location Unit Letter <u>L</u> <u>1400</u> Feet From The <u>South</u> <u>1300</u> Feet From The <u>West</u> Line Section <u>32</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) 3629' 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

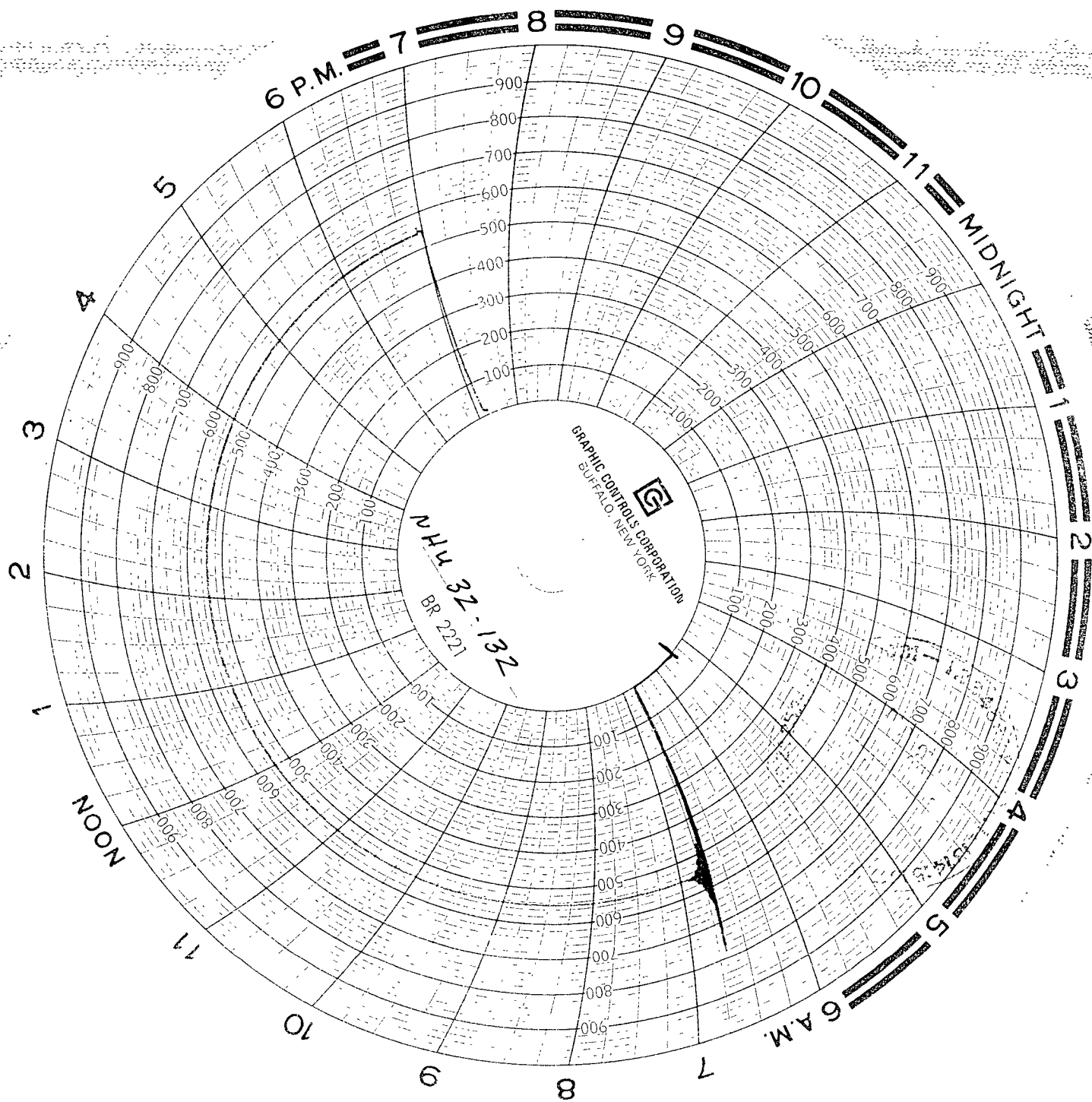
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE 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 <u>Repair casing leak</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. RU wireline & set blanking plug in profile nipple @3801'
 2. ND wellhead/NU BOP.
 3. POOH w/tbg. RIH w/RBP set @1005'. Test held. POOH w/RBP.
 4. RIH w/packer set @3785'. Test casing. Would not hold. Move packer to various depths to find leak.
 5. RIH w/UNI VI packer set @3772' & isolation packer set @3797' on 123 jts of 2-7/8" Duoline 20 tubing.
 6. ND BOP/NU wellhead
 7. Test casing to 550# for 30 minutes & chart for the NMOCD.
 8. RDPU & RU. Clean location.

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 ☐

SIGNATURE Mendy A Johnson TITLE Administrative Associate DATE 11/29/2007
 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 Gary W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE FEB 06 2008
 CONDITIONS OF APPROVAL IF ANY _____



NHU-32-132

10-24-07

cal: 10-9-07
ser: unit 3-C

Ben Fisher
Smith Services.