

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

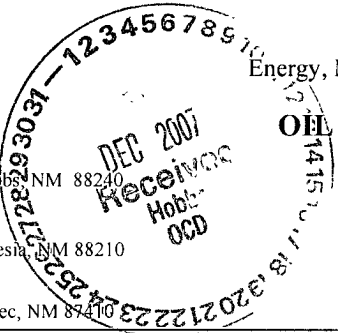
1301 W Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

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



WELL API NO 30-025-26119
5 Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input checked="" 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 124
9 OGRID No 157984
10 Pool name or Wildcat Hobbs (G/SA)

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center">(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)</p>	
1 Type of Well Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <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>J</u> <u>1925</u> Feet From The <u>South</u> <u>2380</u> Feet From The <u>East</u> Line <u> </u> Section <u>4</u> Township <u>19-S</u> Range <u>38-E</u> NMPM Lea County	
11 Elevation (Show whether DF, RKB, RT GR, etc) 3609' 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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> Multiple Completion <input type="checkbox"/> OTHER <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS <input 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 RUPU & RU. Kill well.
2. RU wireline & perforate tbg @3860'. RD wireline.
3. NU BOP.
4. POOH w/ESP equipment.
- 4 RIH w/bit Tag @4228'. POOH w/bit.
- 5 RIH w/treating packer set @4080' RU HES & pump 420 gal ox Xylene. Pump 4000 gal of 15% PAD acid w/3 500# blocks. Flush w/50 bbl of fresh water RD HES. POOH w/treating packer.
- 6 RU Tuboscope & scan production tubing out of hole.
7. RIH w/EXP equipment on 127 jts of 2-3/8" tubing. Intake set @4038'.
8. ND BOP.
9. RDPU & RU. Clean location.

RUPU 11/01/07 RDPU 11/06/07

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 11/29/2007
 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 Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE FEB 06 2008
 CONDITIONS OF APPROVAL IF ANY