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State of New Mexico
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

HOBBS OCD

WELL API NO.	30-025-34375
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	North Hobbs (G/SA) Unit Section 32
8. Well No.	542
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 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>I</u> <u>1650</u> Feet From The <u>South</u> <u>630</u> Feet From The <u>East</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.) 3635' 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: <u>Add perforations, acid treat</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. Kill well. RU wire line & shoot 4 holes in tbg @3929'. RD wire line.
2. NU BOP/ND wellhead.
3. POOH w/ESP equipment.
4. RIH w/bit & drill collars. Tag @4320'. RU power swivel & stripperhead. Dry drill CIBP @4320'. Plug fell out. Retag plug @4453'. Drill 10' more feet to 4463'. RD power swivel & stripperhead. POOH w/bit & drill collars.
5. Scanalog tubing. Found internal pitting.
6. RU wire line & run CNL/GR/CCL from 4460' to 3000'. RD wire line.
7. RIH w/packer & RBP set @4019'. RU HES & perform acid ball job in 3 settings using 75 bbls of 15% PAD HCL acid. RD HES. POOH w/packer & RBP.
8. RIH w/ESP equipment on 123 jts of 2-7/8" bare tubing. Intake set @3987'.
9. ND BOP/NU wellhead. RDPU & RU. Clean location

RUPU 03/21/08 RDPU 03/27/08

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 04/17/2008
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 Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE APR 25 2008

CONDITIONS OF APPROVAL IF ANY.