

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

DISTRICT II

1301 W. Grand Ave, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

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

WELL API NO. 30-025-38114
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 18
8. Well No. 518
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 <input checked="" type="checkbox"/> Injector	6. State Oil & Gas Lease No.
2. Name of Operator Occidental Permian Ltd.	7. Lease Name or Unit Agreement Name North Hobbs (G/SA) Unit Section 18
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	8. Well No. 518
4. Well Location Unit Letter M : 275 Feet From The South Line and 1030 Feet From The West Line Section 18 Township 18-S Range 38-E NMPM Lea County	9. OGRID No. 157984
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3667' GL	10. Pool name or Wildcat Hobbs (G/SA)
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 checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: _____	OTHER: _____

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.

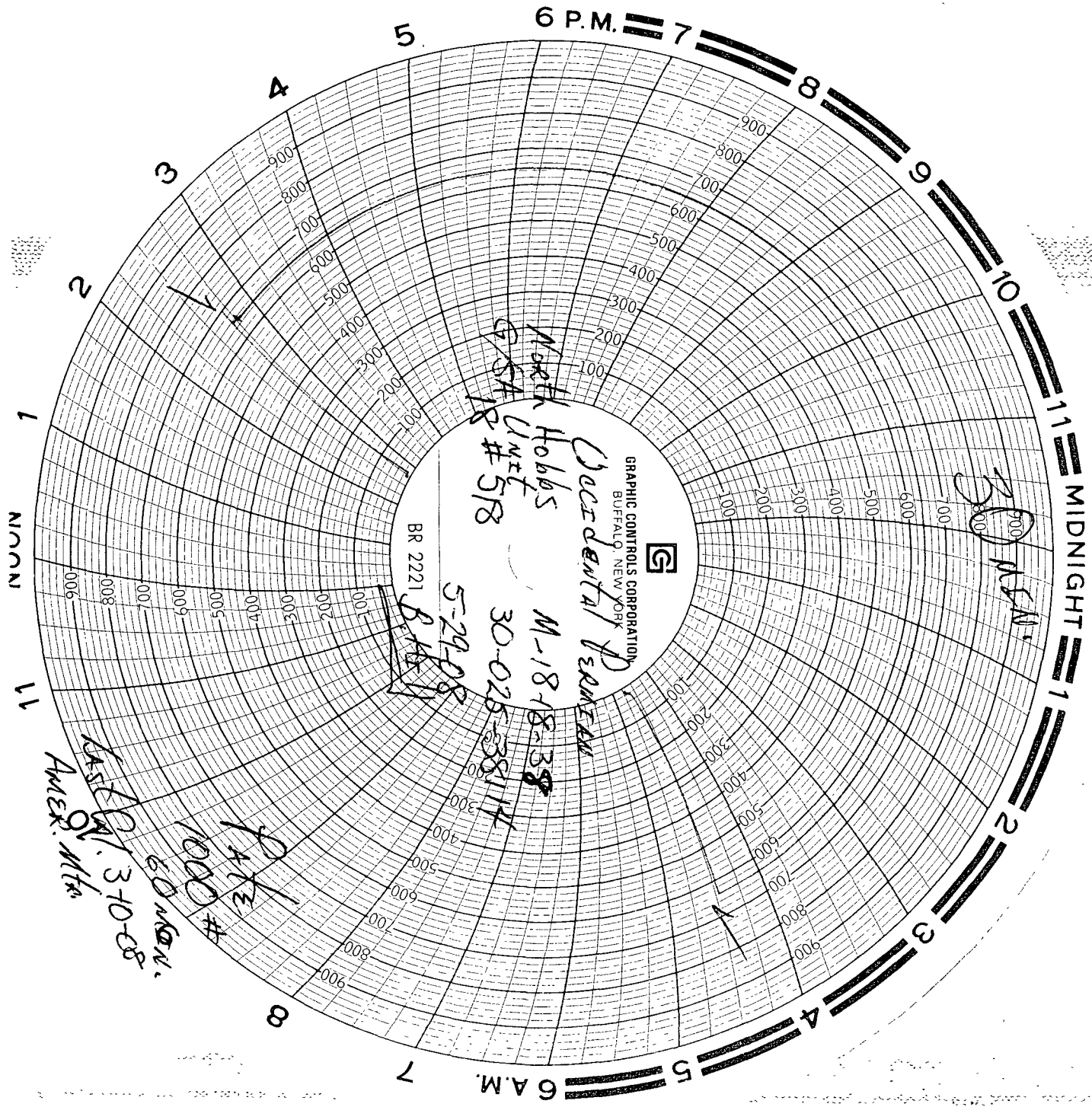
1. RUPU & RU. Kill well.
2. RU wireline & set blanking plug @4141'. Tested casing & tubing. OK. RD wireline.
3. NU BOP/ND wellhead.
4. POOH w/tubing and injection equipment.
5. RU wireline & fish blanking plug. RD wireline.
6. RIH w/PPI packers set @4335' & 4284'. RU HES & acid treat well w/30 bbl of acid. RD HES. POOH w/PPI packers.
7. RIH w/packer set @4074'. Test casing & tubing. OK. POOH w/packer.
8. RIH w/bit & string mill. Tag @4452'. POOH w/bit & string mill.
9. Run back in hole w/5-1/2" Arrowset 1-X packer set on 131 jts of 2-7/8" Duoline 20 tubing. Packer set @4197'.
10. ND BOP/NU injection tree.
11. Test casing to 650# and chart for the NMOCD. Test witnessed by Buddy Hill with the NMOCD.
12. 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 plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 06/10/2008  
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 [Signature] TITLE PETROLEUM ENGINEER DATE JUN 18 2008  
CONDITIONS OF APPROVAL IF ANY:



GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

Accidental Death

North Hobbs

Unit # 518

5-29-08

M-18-18-38

30-025-38114

BR 2221

B. H. H.

FILE # 1000

60 MON.

3-10-08

Amer. Mfr.