

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 30-025-23522
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 24
8. Well No 411
9 OGRID No 157984
10 Pool name or Wildcat Hobbs (G/SA)

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 checked="" 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>A</u> . <u>990</u> Feet From The <u>North</u> <u>990</u> Feet From The <u>East</u> Line <u>  </u> Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>  </u> Lea County <u>  </u> 11 Elevation (Show whether DF, RKB, RT GR, etc.) 3670' GL	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit Type <u>  </u> Depth of Ground Water <u>  </u> Distance from nearest fresh water well <u>  </u> Distance from nearest surface water <u>  </u> Pit Liner Thickness <u>  </u> mil Below-Grade Tank: Volume <u>  </u> bbls; Construction Material <u>  </u>	

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b> 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. <u>OAP/Acid treat</u> <input checked="" type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input 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: <u>  </u> <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/ESP equipment.
2. Clean out to PBTD @4271'.
3. Perforate well
4. Acid treat well w/30 bbl of 15% HCL PAD acid.
5. Perform scale squeeze.
6. Run back in hole w/production equipment.
7. Return well to production.

RECEIVED

JUL 22 2008  
HOBBS OCD

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 NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Mendy A. Johnson TITLE Administrative Associate DATE 07/17/2008  
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

OCD DISTRICT SUPERVISOR/GENERAL MANAGER JUL 25 2008

CONDITIONS OF APPROVAL IF ANY: