State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 5-27-2004

FILE IN TRIPLICATE	OIL CONSER	VATION DIVISION		100000000000000000000000000000000000000
<u>DISTRICT I</u> 1625 N French Dr., Hobbs, NM 88240	1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO 30-025-37475	
<u>DISTRICT II</u>	Santa I	c, 1111 07303	5. Indicate Type of Lease	
1301 W Grand Ave, Artesia, NM 88210			STATE X	FEE
DISTRICT III			6 State Oil & Gas Lease No.	
1000 Rio Brazos Rd, Aztec, NM 87410				
SUNDRY NOTICES AND REPORTS ON WELLS			7 Lease Name or Unit Agreement Name	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			North Hobbs (G/SA) Unite	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (Form C-101) for such proposals) 1 Type of Well-			Section 29 8 Well No 742	
Oil Well X	Gas Well Other		8 Well No 742	
2 Name of Operator	Gas wen Guier		9. OGRID No 157984	
Occidental Permian Ltd.			13730.	
3 Address of Operator			10. Pool name or Wildcat	Hobbs (G/SA)
HCR I Box 90 Denver City, TX 79323				
4 Well Location				
Unit Letter G : 1670	Feet From The North		et From The East	_ Line
Section 29	Township 18-S	Range 38-1	E NMPM	Lea County
	11 Elevation (Show whether DF,			
	3658' KB			
Pit or Below-grade Tank Application	or Closure			
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 INT			SEQUENT REPORT C)F:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERIN	G CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OP	NS PLUG &	ABANDONMENT
PULL OR ALTER CASING	Multiple Completion	CASING TEST AND CEMEN	NT JOB	
OTHER OAP/Acid treat	X	OTHER		
13 Describe Proposed or Completed O				starting any
proposed work) SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
1. Kill well. POOH w/ESP equipme	nt.			
2. Clean out to PBTD @4379'				
3 Perforate well.	DAD acid	11.16	2.2.2000	
4. Acid treat w/20 bbl of 15% HCL-PAD acid. 5. Perform scale squeeze			22 2008	
6 Run back in hole w/production equipment.			nenn	
7. Return well to production.				
I hereby certify that the information above is	true and complete to the best of my kno	wledge and belief. I further certify	that any pit or below-grade tank	has been/will be
constructed or closed according to NMOCD guidelines			ocp ı —	٦
closed according to NMOCD guidelines	, a general permit	or an (attached) alternativ	e OCD-approved	
SIGNATURE MO M	and and	 ·		J
SIGNATURE I UNIT	r U Johnson	TITLE Administrative		
	Johnson E-mail address.	mendy_johnson@oxy.com	TELEPHONE NO	9. 806-592-6280
For State Use Only		Therman	TO ALANA IN MORALET IN CO.	all of oos
APPROVED BY	William 6	DE DISTRICT SUPERVISO	a devenal manace	AUL 252008

CONDITIONS OF APPROVAL IF ANY