

FILE IN TRIPLICATE

RECEIVED**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 OCL

WELL API NO 30-025-07525
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 32
8. Well No. 211
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>P</u> : <u>990</u> Feet From The <u>North</u> <u>2310</u> Feet From The <u>West</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) 3638' DF	
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 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: _____ OAP/Acid treat <input checked="" type="checkbox"/>
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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. Perforate tubing @3690'. ND wellhead/NU BOP.
2. POOH w/ESP equipment.
3. RIH w/bit. Tag @4241'. POOH w/bit.
4. RU wireline and run CNL/CCL/GR from PBTD to 3300'. RD wireline.
5. RIH w/bit. Tag @4191'. Pump 5 bbl of 15% NEFE acid & 22 bbl of 10# brine. POOH w/bit.
6. RU wireline and perforate hole @4052-54', 4060-68', 4072-74'. RD wireline.
7. RIH w/PPI packer set @4017'. RU HES & acid treat well w/2200 gal of acid and 750# of rock salt block. Flush w/50 bbl of fresh water. RD HES.
8. Run back in hole w/ESP equipment on 116 jts of 2-7/8" tubing. Intake set @3723'.
9. ND BOP/NU well head.
10. RDPU & RU. Clean location and return well to production.

RUPU 05/16/08 RDPU 05/22/08

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 07/24/2008
 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 Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE _____
 CONDITIONS OF APPROVAL IF ANY: