

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 87211

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

HOBBS OCD

WELL API NO. 30-025-34983
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 30
8 Well No. 713
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>B</u> : <u>1196</u> Feet From The <u>North</u> <u>1823</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>18-S</u> Range <u>38-E</u> NMPM Lea County	
11 Elevation (Show whether DF, RKB, RT GR, etc.)	
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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	Multiple Completion <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: _____ <input type="checkbox"/>		OTHER: <u>Repair pump/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. Perforate tubing @3060'.
 2. NU BOP/ND wellhead.
 3. POOH w/ESP equipment.
 4. RIH w/packer set @3600'. Pump 500 gal of Xylene, 50 gal of 6496 chemical, 20 gal of 6495 chemical and 20 bbl of oil. POOH w/packer while pumping fresh water.
 5. RIH w/bit. Tag @4347'. POOH w/bit.
 6. Scanalog tubing out of hole.
 7. RIH w/PPI packer set @3644'. Set straddle packers at 4057' & 4922'. Perform straddle packer acid job w/44 bbl of acid. POOH w/PPI packers.
 8. Run back in hole w/ESP equipment on 129 jts of 2-7/8" tubing. Intake set @4091'.
 9. ND BOP/NU C-prox tree.
 10. RDPU & RU. Clean location and return well to production.
- RUPU 03/28/08 RD 04/04/08

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

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APPROVED BY Chris Williams TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JUL 29 2008

CONDITIONS OF APPROVAL IF ANY: