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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., Aztec, NM 87410

DISTRICT III

1000 Rio Brazos Rd, Aztec, NM 87410

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

WELL API NO

30-025-35555

5. Indicate Type of Lease

STATE

☒

FEE

☐

6. State Oil & Gas Lease No.

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 ☒

Gas Well ☐

Other

2. Name of Operator

Occidental Permian Ltd.

3. Address of Operator

HCR 1 Box 90 Denver City, TX 79323

4. Well Location

Unit Letter G

: 2140

Feet From The

North

1542

Feet From The

East

Line

Section 24

Township

18-S

Range

37-E

NMPM

Lea

County

11. Elevation (Show whether DF, RKB, RT GR, etc.)

3669' GL

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 INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

Multiple Completion ☐

OTHER

OAP/Acid treat

☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS ☐

PLUG & ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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. Kill well. POOH w/ESP equipment.
2. Clean out to PBTD @4392'.
3. Perforate well.
4. Acid treat w/50 bbl of 15% HCL PAD acid.
6. Perform scale squeeze
7. Run back in hole w/ESP equipment.
8. Return well to production

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 07/15/2008

TYPE OR PRINT NAME

Mendy A. Johnson

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APPROVED BY

Chet Williams

OC DISTRICT SUPERVISOR/GENERAL MANAGER

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY.

AUG 07 2008