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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 5-27-2004

FILE IN TRIPPLICATE

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
1301 W. Grand Ave., Albuquerque, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

WELL API NO 30-025-05499
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 25
8. Well No 441
9. OGRID No. 157984
10. Pool name or Wildcat Hobbs (G/SA)

11. Elevation (Show whether DF, RKB, RT GR, etc.)
3667' DF

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 _____

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 Injector

2. Name of Operator
Occidental Permian Ltd.

3. Address of Operator
HCR 1 Box 90 Denver City, TX 79323

4. Well Location
Unit Letter P : 990 Feet From The South 330 Feet From The East Line
Section 25 Township 18-S Range 37-E NMPM Lea County

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>OAP/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. ND wellhead & NU BOP.
2. POOH w/tubing and injection packer.
3. RU wireline and run CIBP set @4145'
4. Set packer @4013' and test CIBP and old squeezed perfs at 4024-4137' to 1000#. Held OK.
5. Move packer to 4120' and acid tret well w/5 bbl of 15% NEFE acid from 4120-3895'. Flush w/KCL water.
6. POOH w/treating packer.
7. RU wireline and run GR log from 4000-3000'. Perforate tubing @4060-64', 4074-76', 4084-89', 4098-4102', 4116-19', 4126-28'. RD wireline.
8. RIH w/straddle packer set @4002'. RU HES and acidize well w/10 bbl of 15% NEFE acid. RD HES. POOH w/PPI packer.
9. RIH w/UNI 6 packer set @3990'. Test casing. OK.
10. RIH w/injection packer set on 125 jts of 2-7/8" tubing. Packer set @3984'

see attached sheet for additional data

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 09/09/2008
TYPE OR PRINT NAME Mendy A. Johnson E-mail address: mendy_johnson@oxv.com TELEPHONE NO. 806-592-6280

For State Use Only

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE SEP 12 2008

CONDITIONS OF APPROVAL IF ANY:

NHU 25-441

11. ND BOP/NU wellhead.
12. Test casing to 520# for 30 minutes and chart for the NMOCD.
13. RDPU & RU. Clean location.

RUPU 07/16/08

RDPU 07/22/08

UH4-25-441

7-21-08

ser# 12517

CALi 7-2-08

Ben Fish
Smith services.
520# 30-min's

