

RECEIVEDState of New Mexico
Energy, Minerals and Natural Resources DepartmentForm C-103
Revised 5-27-2004

FILE IN TRIPPLICATE

OCT 01 2008**OIL CONSERVATION DIVISION**DISTRICT I
1625 N. French Dr., Hobbs, NM 874011220 South St. Francis Dr.
Santa Fe, NM 87505DISTRICT II
1301 W Grand Ave, Artesia, NM 88210DISTRICT III
1000 Rio Brazos Rd, Aztec, NM 87410

WELL API NO 30-025-28333	✓
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 South Hobbs (G/SA) Unit	✓
8. Well No. 129	✓
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 type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injector</u>	
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>M</u> <u>100</u> Feet From The <u>South</u> <u>900</u> Feet From The <u>West</u> Line Section <u>34</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.) 3618' GL	
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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER <u>Plug back/OAP/clean out/Acid treat</u> <input checked="" type="checkbox"/>	PLUG & ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: _____ <input 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. Kill well. POOH w/injection equipment and packer.
2. Clean out to TD @4345'. 35'
3. Set CIBP @4284'. Cap w/4" of cement.
4. Perforate well.
5. Acid treat well w/2016 gal of 15% NEFE HCL acid.
6. Run back in hole w/injection equipment.
7. Test casing and chart for the NMOCD.

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 09/29/2008
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 Larry W. Hill TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 06 2008
CONDITIONS OF APPROVAL IF ANY _____