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OCT 20 2008

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

OIL CONSERVATION DIVISION

DISTRICT I
1625 N. French Dr., Hobbs, NM 88240
DISTRICT II
1301 W. Grand Ave., Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 874101220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-29130	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input checked="" 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 24	<input checked="" type="checkbox"/>
8. Well No. 312	<input checked="" type="checkbox"/>
9. OGRID No. 157984	<input checked="" type="checkbox"/>
10. Pool name or Wildcat Hobbs (G/SA)	<input checked="" type="checkbox"/>

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.	<input checked="" type="checkbox"/>
3. Address of Operator HCR 1 Box 90 Denver City, TX 79323	
4. Well Location Unit Letter <u>EB</u> : <u>10</u> Feet From The <u>North</u> <u>2630</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>18-S</u> Range <u>37-E</u> NMPM <u>Lea</u> County <u>Lea</u>	
11. Elevation (Show whether DF, RKB, RT GR, etc.) 3686'	
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"/>
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"/>	OTHER: <u>Squeeze perms/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. RIH w/bit & casing scraper. Tag @4324'. POOH w/bit & scraper.
4. RU rotary wireline & set CIBP @4122'. RD wireline.
5. RIH w/bit & drill collars. RU power swivel & stripperhead. Tag CIBP @4122'. Drill thru CIBP and push down to PBTD @4324'. ND power swivel & sttpper head. POOH w/bit & drill collars.
6. RU wireline and set CIBP @4250'. RU HES & squeeze perms 4251-4290' w/300 sxs of Premium Plus cement. Reverse out 20 bbl thru tubing. RD HES.
7. RIH w/bit. Tag @4249'. POOH w/bit. RIH w/7" treating packer set @4120'. Test casing to 500 PSI. OK.
8. RU HES & pump 1500 gal of 15% HCL acid w/1000# rock salt block in 2 settings. Flush w/30 bbl of fresh water.

see additional data on attached sheet

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 10/17/2008
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 [Signature] TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE OCT 21 2008
CONDITIONS OF APPROVAL IF ANY:

NHU 24-312

9. POOH w/treating packer.
10. RIH w/dual injection packers set on on 129 jts of 2-7/8" Duoline 20 tubing. Arrowset 1-X packer set @3896'/Hydraulic packer set @4116'.
11. ND BOP/NU wellhead.
12. Test casing to 600# for 30 minutes and chart for the NMOCD.
13. RDPU & RU. Clean location and return well to injection.

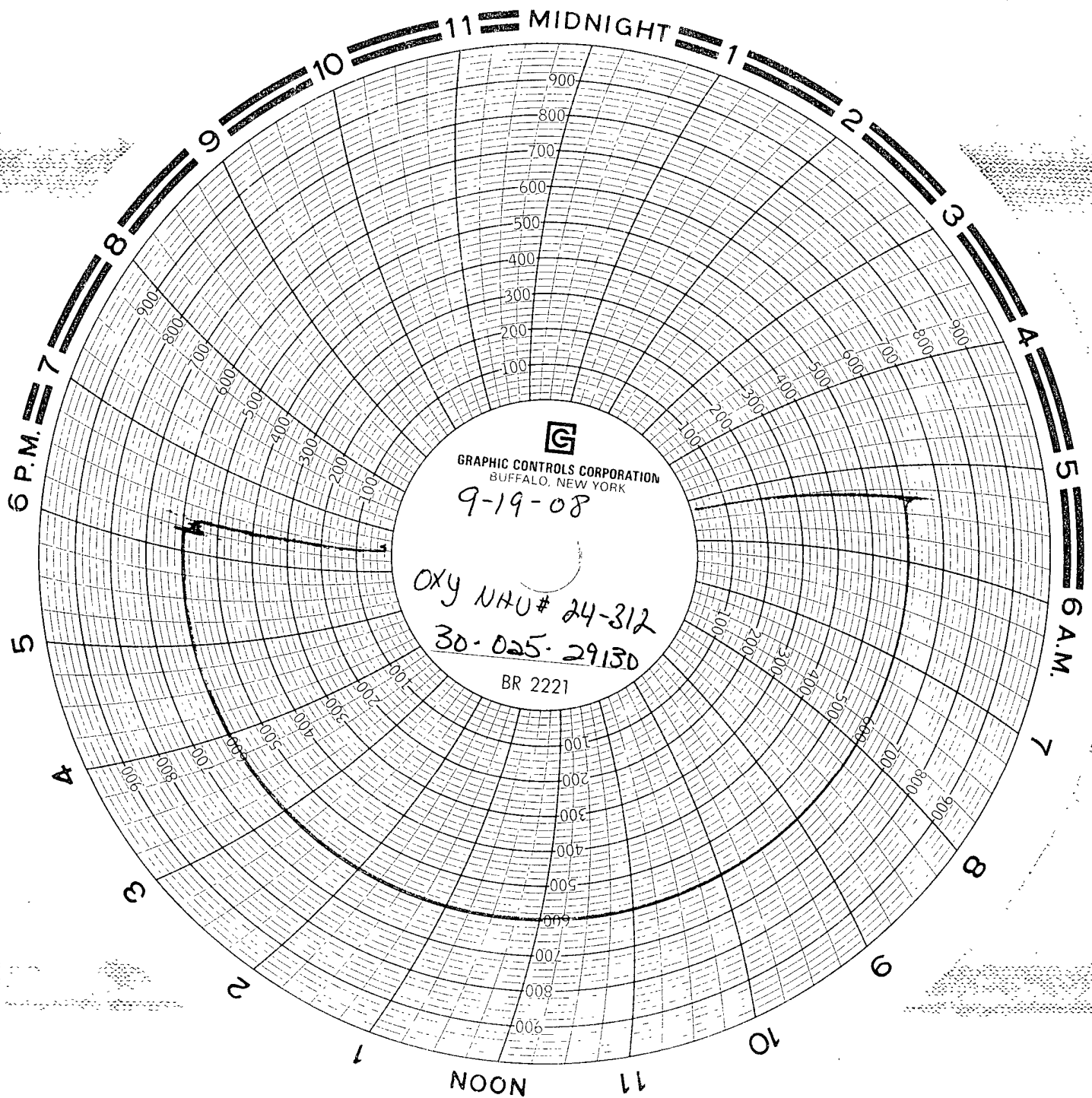


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Smith Services
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